UNIVERSITY OF ALBERTA

# STILL WORK-LIFE 2002: A PORTRAIT OF EMPLOYED ELDERCARE PROVIDERS IN CANADA

BY

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## ABSTRACT

Population aging combined with shifts in continuing care policy have increased the demand for and reliance upon family and friend care in Canada. Consequently, hundreds of thousands of Canadians were juggling eldercare and paid employment in 2002. When the role of caregiver is juxtaposed with other familial, social and paid employment commitments, work-life conflict can result. This research utilizes a work-family interface framework to examine the complex relationships and diverse characteristics that shape employed caregivers' experiences. Understanding how caregivers effectively manage multiple role obligations, and attempt to achieve a sense of harmony and personal control in their lives, or work-life balance, is the primary objective of this study. Multivariate analyses on 2352 employed eldercare providers from Statistics Canada's General Social Survey (2002) reveal the nature of caregiver outcomes, and individual and dyad characteristics that predict them. Results highlight risk factors, influential characteristics, and gender differences.

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# CHAPTER ONE

## INTRODUCTION

Caring for children and older adults is an important unpaid work role. In Canada, the majority of this care is provided by members of the community, or family and friends. Population aging, combined with changes to health and continuing care policy have increased reliance on, and demand for, family and friend care for older adults (Ward-Griffin & Marshall, 2003). Moreover, cuts to health and continuing care services have increased the likelihood that Canadians will be called upon to provide care to family and friends at some point in their lives. Currently, caring for older adults with long-term disabilities is a scenario that millions of Canadians face (Cranswick, 2003).

As baby boomers age a disproportionate number of Canadians are approaching later life. Between the years 2000 and 2020 the percentage of Canadians over the age of sixty-five is projected to increase by 43% (Anderson & Hussey, 2000). Aging is often associated with frailty, and the projected care demands for this aging cohort are great (Bergman et al., 1997).

Several other socio-demographic trends are contributing to the likelihood that Canadians will face competing role demands. A birth rate below replacement rate means a smaller generation of young persons to provide care for aging parents and other family members and friends. Also, the prevalence of divorce and remarriage (Vanier Institute, 2003) have altered traditional two birth parent family structures and therefore made familial ties and obligations more

tenuous. Current high levels of labour force participation by women (Gunderson, 1998 has increased the likelihood that women will occupy family care and paid work roles simultaneously. Further, male involvement in family care is now more normative (Keating et. al, 1999; Mature Market Institute, 2003), increasing the likelihood that men, too, will face simultaneous work and care demands.

Attempting to manage multiple roles such as paid employee, community member, parent, and adult child may lead to role conflict. Work-life conflict is one type of role conflict, and occurs when individuals' participation in one role interferes with their ability to meet responsibility in another (Greenhaus & Beutell, 1985). When an employed individual takes on the role of caregiver to an older adult (spouse, family member or friend) with long term disabilities, work-life conflict can result (Gottlieb et al., 1994; Gignac et al., 1996; Duxbury, Higgins & Coghill, 2003).

Policy makers and employers are beginning to recognize the prevalence of work-life conflict and its effect on the 'bottom line' for public and private organizations. Following the model developed to address work and child rearing conflicts, the federal government now supports Canadians who must leave the work force to provide end-of-life care (Government of Canada, 2003). As well, many firms have formal and informal employee assistance programs for those struggling with family care responsibilities. These policies and programs aim to support caregivers by helping them meet their non-work life demands while continuing to be productive in the workplace (MacBride-King, 1999). Both family

functioning and organizational achievement are indicators of societal well-being, thus family linkages are important (Diener & Suh, 1997).

While work-life conflict may produce negative outcomes that result from individuals' competing role demands, work-life balance results when one is effective in juggling paid work, unpaid work, and life's other roles. It is assumed that work-life balance is associated with greater levels of individual and collective well-being, and a well work force is productive and healthy (Goetzal et al., 2003). Productivity contributes to micro and macro-economic well-being, while a healthy population is less costly to the health care system. For these reasons many large corporations (e.g. IBM, Hewlett Packard, Monsanto, etc.) and several first world nations promote a healthy and productive work-force through programs and policies that enable individuals to achieve a sense of work-life balance (UK Government, 2003; Social Development Canada, 2004; New Zealand Government, 2003).

This increasing recognition of the work-life balance and work-life conflict constructs provide us with a structure for promoting individual and societal well-being, and examining individual caregiver experiences. In addition, the relationships among these countervailing outcomes is implied but not proven. Therefore, this research addresses the following questions: how are employed caregivers managing, who are the employed eldercare providers experiencing work-life conflict, and how does this work-life conflict affect caregivers' sense of overall work-life balance?

## CHAPTER TWO

## THEORETICAL FRAMEWORK

This research uses the work-family interface framework as a lens to examine the experiences of employed caregivers. By understanding the interconnectedness of individuals' competing demands it is easier to understand the role conflict, or balance, in employed caregivers' lives.

Since the Industrial Revolution the production of goods has become specialized and largely has moved out of the home into factories. So too have producers left their homes for paid work in those factories. As a result, paid work and familial duties frequently have separate physical settings and differentiated roles. However, work and family still are tightly connected spheres of human life (Burke & Greenglass, 1988; Voydanoff, 1987). These linked spheres contain relationships contextualized by diverse, personal, political, and social characteristics. It is the complex web of relationships within and among these spheres that comprises the work-family interface. In other words, work-family interface is the crossroads where varied family and work characteristics for an individual intersect; this interface directly influences family, work and individual outcomes (Voydanoff, 2002).

Individual lives may be conceptualized as the act of balancing one's roster of life roles (Parsons, 1951). A woman may have mother, daughter, wife, church member and employee roles to fulfill. Home, work and the community are three contexts where these roles are played out. Each role has a unique set

of requirements like time, energy, and/or money but constraints on these resources may limit caregivers' ability to meet all their competing demands. An employee's presence may be required at work while, as a caregiver, she is concurrently committed to taking her frail parent to the doctor. These different roles place simultaneous demands on an individual's time and may result in work-life conflict. The work-family interface framework allows us to examine the relationships that compete for employed caregivers' time by understanding the interconnected nature of roles and contexts in a person's life, and how they are related to caregiver role experiences.

Social Development Canada (SDC) defined work-life balance as "a self-defined, self-determined state of well being that a person can reach, or can set as a goal, that allows them to manage effectively multiple responsibilities at work, at home, and in their community; it supports physical, emotional, family, and community health, and does so without grief, stress or negative impact." (Social Development Canada, 2004, p. 1). A more applied definition from the UK states "work-life balance is about adjusting working patterns. Regardless of age, race or gender, everyone can find a rhythm to help them combine work with their other responsibilities or aspirations. Increasingly, employers are developing a wide range of work-life balance options, covering flexible working arrangements and flexible benefit packages." (UK Government, 2003, p. 1). Work-life balance is difficult to define and operationalize as it is sure to be different for each individual. However, it is assumed that this self perceived

state is a desirable and achievable goal. One's sense of balance in their life can be positively related to health and well-being (Marks & MacDermid, 1996).

Within a caregiving context, the above definitions represent ideal outcomes of what Guberman & Maheu (1999) refer to as juggling work, or "all of the mostly invisible negotiations, adjustments and readjustments which caregivers are constantly organizing in order to achieve and maintain an equilibrium in the various demands placed on them by caregiving, their family, personal and social life and their employment" (p.90). This sense of harmony among the work and family roles is, at least in part, a function of the prevalence and type of demands in persons' lives (Milkie & Peltola, 1999). Role demands involve many complex relationships and the effects of juggling multiple roles can also depend on the quality of the experience within and across these roles (Perry-Jenkins et al., 1999). For example, an employee who feels they have an accommodating, flexible work schedule can feel more balanced than one who does not (Hill et al., 2001). Perhaps this is because he/she has sufficient time to meet competing demands, which improves the quality of his/her experience.

The role of caregiver can have time and resource demands that contribute to work-life conflict for employed caregivers (Gignac et al., 1996; Duxbury, Higgins & Coghill, 2003). Duxbury & Higgins (2002) suggest that two main components of work-life conflict are time and scheduling conflicts; and pressured feelings concerning multiple roles. It is the rigid temporal demands of paid work, caregiving and other family and social commitments that may result in time and scheduling conflict. Caregivers' inability to meet life's total role

commitments such as caregiving, paid employment, and familial and social obligations may require adjustments to one or more roles and may affect caregivers' feelings towards their care experience. The latter is the second component of work-life conflict, one which recognizes the extent to which caregiving results in negative feelings because of overwhelming role commitments.

While caregivers may have negative feelings and scheduling conflicts that arise from juggling care and paid work, it is unclear how these components of work-life conflict are related to each other. Understanding these relationships requires an understanding of the context surrounding this conflict (if any) in caregivers' lives. This contextual snapshot also can contribute insight into the relationships among these two work-life conflict constructs and work-life balance. For instance, how do employed Canadians feel about their role as caregiver or how do they manage any associated time and scheduling conflict? Does the ability to accommodate time and scheduling conflict or the ability to meet concurrent demands by juggling one's schedule affect caregivers' feelings towards multiple roles, or their sense of work-life balance?

A work-family interface lens situates caregivers amidst a web of ecological systems where one's relationships with paid work, family and community contexts converge (Voydanoff, 2001). An ecological systems approach recognizes the interdependent relationships among caregivers, their family, community, and societal environments. These dynamic environments are constantly changing and are subject to different managerial options.

Caregivers may adapt to work-life conflict by using available resources to accommodate the demands of the caring role, seeking a more satisfactory level of balance (Bronfenbrenner, 1979). Reactions to time and scheduling conflict include working fewer hours, changing hours of work, withdrawing from one' social network, seeking help from others, and/or purchasing formal assistance. Employed caregivers will have different adaptive alternatives depending on their own characteristics, the characteristics of the contexts and relationships in which they are situated (e.g. workplace policies and proximity to the care recipient), and the resources (e.g. time and money) available to them. For example, an individual may choose to increase the time they spend caring for their frail family member and to work at home because his/her workplace provides this option. Another may decide to resign his/her duties as a community sport coach because this conflicting role lacks the necessary flexibility. That is, adaptability will depend on the options available in the relevant role environments. One who can more easily accommodate caregiving demands may have few negative feelings about their multiple role commitments.

The ability to accommodate time and scheduling conflict may affect caregiver feelings and influence caregivers' sense of overall work-life balance. In other words, differential access to and use of coping resources is expected to buffer role conflict in a manner unique to resource availability. This buffering effect will be reflected in caregiver feelings. It is expected that having the flexibility to reduce time and scheduling conflict via workplace accommodations,

while maintaining employment, will lead to positive caregiver feelings and increased sense of overall work-life balance. Similarly, caregivers who report negative feelings about their care-work juggling act will also likely report lower levels of overall work-life balance.

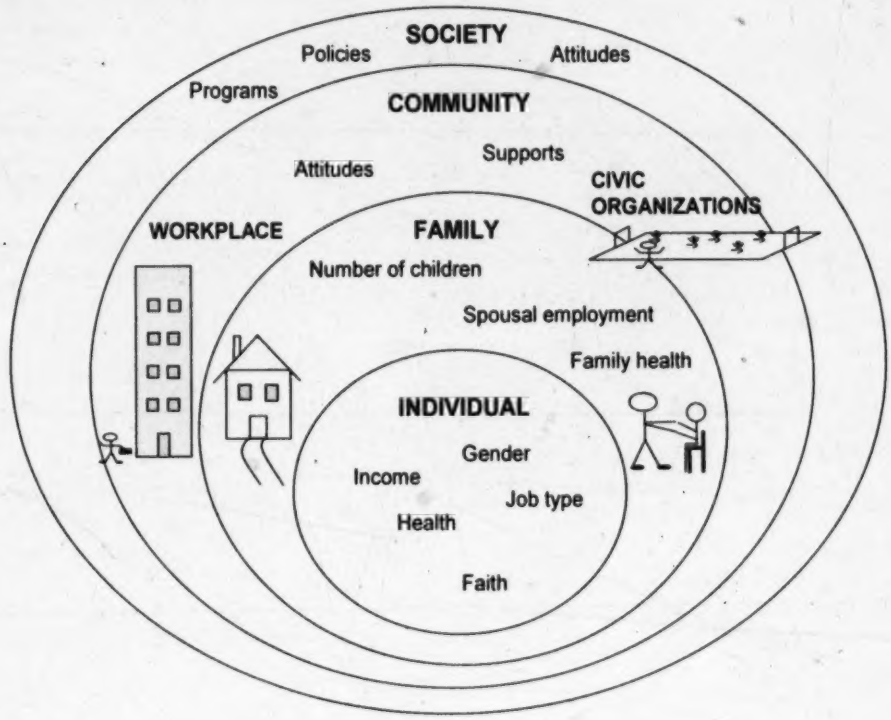
Humans are interdependent with their physical, socio-cultural, and political-economic contexts (Bubolz & Sontag, 1993). Correspondingly, caregivers' experiences are a function of the contexts and role relationships in which they are engaged. Relationships within and among roles are contextualized by characteristics that help define the role environments. For example, characteristics such as gender, income, hours of work, age and number of children, and marital status will likely influence employed caregivers' experiences.

Gender is always a salient characteristic when discussing caregiving, and should be no different when discussing the balance between care and work. Gender role stereotypes recognize differential gender representation in different social roles (Eagly, 1987), thus some accept the notion of females as nurturers and men as breadwinners. If such notions are easily accepted they may, in turn, become expected. Such expectations place caregiving demands specifically on the shoulders of women. Yet, when women are participating in similar paid employment roles as men, shouldering the majority of caregiving demands will significantly increase their risk of work-life conflict. Therefore employed women and men caregivers are expected to have very different

experiences. Moreover, there may be gender-based differences in access to caregiving resources and options for women and men.

This research examines the experiences of employed caregivers and aims to understand the characteristics which contribute to work-life balance and work-life conflict, and the relationships among these constructs. Feeling balanced is related to the rewards and demands in individuals' work, family and other life roles. It is a complex sense of harmony that brings together beliefs about what balance should be for the individual and their role experiences and relationships (Milkie & Peltola, 1999). The competing roles of caregiving and employment can create conflict in caregivers' lives. While caregiving and employment are not the only roles in caregivers' complex lives, it is expected that conflict between these roles will affect individuals' sense of overall work-life balance. Examining these relationships, within the various contexts in which they are situated, is the primary objective of this study. See figure 1 for a diagrammatic representation of the proposed theoretical construct.

**Figure 1**
**Diagram of Theoretical Model**



## CHAPTER THREE

## LITERATURE REVIEW AND HYPOTHESES

The current study is informed by prior research results that highlight the negative consequences associated with balancing eldercare and employment. Many different measures of caregiver-reported work-life conflict and the characteristics and contexts suspected to contribute to these outcomes have been studied. Also, there is a smaller body of literature concerning caregiver work-life balance as an outcome. However, the relationship between these two constructs is unclear and little studied. Many work-life conflict studies infer that work-life balance is the absence of work-life conflict, or that work-life conflict is the inability to balance. In addition, many findings highlight the gender differences in caregivers' experiences.

Differences in caregiver reports of work-life conflict and sense of work-life balance arise from differences in the characteristics that shape the contexts surrounding caregiving and work experiences (Voydanoff, 2002) and can affect psychological well-being (Lennon & Rosenfield, 1992). These characteristics help define the family and job scenarios caregivers attempt to balance, and provide insight into negative and positive reported outcomes.

The purpose of this literature review is threefold: 1) to discuss the work-life literature with respect to the outcomes used in this research, 2) to discuss the characteristics that help predict these outcomes, and 3) to use these findings to hypothesize about relationships among key constructs used in this

study. With the work-family interface as a framework, findings from prior research are discussed with respect to caregiver work-life balance and work-life conflict outcomes, and caregiver, care receiver, and shared caregiver-care receiver characteristics that predict them.

**Work-life Balance**

Work-life balance receives considerable attention in the discourse surrounding work-life conflict but is seldom an outcome measure, per se. In fact, several recent Canadian studies discuss work-life balance but measure work-life conflict (Duxbury, Higgins & Coghill, 2003; Duxbury & Higgins, 2001; Higgins & Duxbury, 2002), implying a strong inverse relationship between the two. Yet it is unclear that such a relationship between these two constructs exists. There are, however, a few studies in the work-family literature that do use work-life balance outcomes, measured objectively and/or subjectively. Greenhaus and colleagues (2003) use an objective component of work-life balance that measures time balance and assesses whether equal time is spent on work and family roles. This method assumes work-life balance is achieved when equal time is spent on competing life roles. Other components of work-life balance in this Greenhaus et al. study include subjective measures of satisfaction balance and involvement balance. Satisfaction balance is equal satisfaction with work and family roles while involvement balance is equal amounts of psychological involvement (Greenhaus et al., 2003). Subjective measures used in other research include questions about how balanced one feels (Milkie & Peltola, 1999), satisfaction with work-life balance (White, 1999;

Saltzstein, 2001), and perceived success in balancing work and personal or family life (Hill et al., 2001). Tausig & Fenwick (2001) use a two item measure comprising perceived success in balancing work and family and a measure of conflict in balancing work and family. This research is based on the premise that individuals know best how they feel regarding their experiences with juggling competing demands, therefore subjective measures are used.

Generally, North American men and women report similar levels of success in balancing work and family (Duxbury & Higgins, 2001; Milkie & Peltola, 1999; Hill et al., 2001). However this may not be the case for those attempting to balance eldercare and employment, where women report feeling less balanced (Dautzenberg et al., 2000) and more challenged than men (Navaie-Waliser et al., 2002).

**Work-life Conflict**

The challenges associated with balancing work and family commitments have drawn a great amount of attention under the label 'work-family conflict' (WFC), where work can interfere with family and family can interfere with work. This study falls under the "family interferes with work" lens as it examines how caregiving interferes with employees' ability to meet workplace demands. All types of WFC have been negatively associated with job and life satisfaction (Kossek & Oseki, 1998). Other research has focused on WFC outcomes such as guilt, burden, economic and social consequences (Kemp & Rosenthal, 2001). In contrast, seperate findings suggest that employment positively buffers the negative consequences of caregiving because it can instill a sense of

accomplishment and enhanced relationships (Scharlach 1994; Doty et al., 1998).

This study focuses on two types of work-life conflict suggested by Duxbury and Higgins (2002): time and scheduling conflict; and stress and burden which results from juggling employment and caregiving. These two broad concepts encompass the many struggles reported by employed caregivers in past research (e.g. spillover, overload, interference, etc), capturing the difficulties caregivers experience when simultaneously juggling work and eldercare.

***Time and Scheduling Conflict***

Employed caregivers often experience some form of time and scheduling conflict (e.g. Bamford et al, 1998; NAC, 1997; Guberman & Maheu, 1999; Keating et al., 1999). Time and scheduling conflict arises from the rigid temporal demands of paid work, caregiving and other family and social commitments. Time taken from one domain likely leaves demands in another unmet. When an individual experiences time and scheduling conflict, choices must be made. In accordance, caregivers weigh their options, prioritize roles, (Biddle, 1986) and make adjustments to one or more of their roles. One way caregivers can react to the time and scheduling conflict resulting from attempting to balance employment and caregiving is to make accommodations at work (Guberman & Maheu 1999; Stone & Short, 1990; Barling et al., 1999). Several types of accommodations or workplace adjustments are discussed in the literature. These include: job turnover, time off during the work day, work

interruption, missed career opportunities (Scharlach & Boyd, 1989), full or partial absenteeism (Barling et al., 1994) and long term leaves (Guberman & Maheu 1999). Choosing shift work and reducing hours of work are also cited as solutions to time and scheduling conflict (Duxbury & Higgins, 2001).

Workplace accommodations reported in 1996 by a national sample of employed Canadian caregivers included: changing hours of work (19.6%), coming late/leaving early (36.4%), and missing a day or more of work (30%) (Keating et al., 1999). In the US, a recent internet study found that more than half of employed caregivers reported changing their work schedule and over 75% came to work late or left early because of their eldercare responsibilities (Mature Market Institute, 2003).

Finding balance between work and other life domains is an important goal for all individuals, including employed-caregivers. Workplace accommodations result from the complex bargaining process/adaptation in caregivers' complete role sets (Stone & Short, 1990; Guberman & Maheu, 1999). While many employed caregivers make accommodations at work, it is important to mention that the prospect of having to interfere with employment commitments may keep some caregivers from working at all (Stone & Short, 1990). Sometimes balance is only possible if one commitment is eliminated, for instance by taking a leave of absence from paid work to provide care (Guberman & Maheu, 1999). While little is known about those who choose to forego work in favour of care, Penning (1998) found few Canadian caregivers reported having to quit their jobs to fulfill multiple role commitments.

The relationship between adaptations to time and scheduling conflict and caregiver feelings of stress and burden is not clear. A systems approach dictates that individuals will try to adapt in a conflict situation so that they are better off (Bronfenbrenner, 1979). Adaptive strategies aim to reduce work family conflict. If employed caregivers use workplace adjustments as an adaptive response to time and scheduling conflict then it follows that this adaptation should buffer feelings of stress and burden, and improve their satisfaction with work-life balance.

**$H_o$ 1:** Making workplace adjustments, as a reaction to time and scheduling conflict, will be associated with higher levels of satisfaction with work-life balance.

**$H_o$ 2:** Making workplace adjustments, as a reaction to time and scheduling conflict, will be associated with lower levels of stress and burden.

***Stress and Burden***

Conflict between employment and caregiving roles can negatively affect caregiver emotional health (Stephens et al., 1997). There are several different measures of caregivers' negative feelings towards their caregiving experiences present in the literature these include; burden (Vitaliano, etal., 1991), stress, psychological distress (Pinquart & Sorensen, 2003), and depression (Drinka et al., 1987). In the context of multiple roles and resource constraints, stress and burden are common caregiver feelings concerning role management. In general, caregivers are more stressed, depressed and have lower levels of well-being than non-caregivers (Pinquart & Sorensen, 2003).

There is little evidence available on the association between stress and burden, and work-life balance. However, since the literature implies an inverse relationship between these constructs, it is expected that the prevalence of stress and burden will be associated with a decreased sense of work-life balance.

**$H_o$ 3:** Reports of caregiver stress and burden will be associated with lower levels of satisfaction with work-life balance.

***Work-life Context***

Many characteristics provide context and insight into reported differences in caregiver stress and burden, including gender. However not all of these relationships are well understood. For instance, one study reports that women caregivers are more likely than men to be in poor emotional health (Navaie-Waliser et al., 2002). Meanwhile, a separate Canadian study found female employed caregivers report higher levels of perceived emotional health than employed men (Penning, 1998). These discordant results may in part be explained by better understanding the relationship between employment and women's mental health (Lennon & Rosenfield, 1992). Other characteristics can provide context into caregivers' experiences, too. For example income, marital status, and the number of young children at home are characteristics that will likely affect an employed women caregiver's ability to meet competing role commitments and therefore her feelings concerning multiple roles. Acknowledging contextual characteristics that shape caregiver role relationships provides us with insight into reported caregiver experiences.

**Gender**

Gender is one of the most important considerations when discussing differences in caregivers' experiences. Women, apparent nurturers, are more likely than men to do home chores and provide care (Statistics Canada, 2000). However, now that female participation in the paid work force and care by men are more normative (Cranswick, 2003; Neal et al., forthcoming), it is important to revisit our understanding of the extent to which gender roles continue to exist in the context of employment and caregiving. If women participate in similar paid employment roles as men, but continue to perform more domestic and care tasks, they are likely to have very different care experiences than their male counterparts.

Gender draws much well deserved attention in the caregiving literature. National (1996) estimates indicate that 61% of family and friend (informal) care providers in Canada were women (Keating et al., 1999). In the US, Bond (1998) found the gender proportions to be equal. More recent Canadian figures support the US figures and may indicate that the gender gap is closing for caregivers over the age of 45, largely because increasing numbers of men in Canada are reporting that they provide care (Cranswick, 2003). This trend is remarkable considering past gender inequities, the overwhelming evidence supporting women's dominant role as care provider, evidence that women are more likely than men to take on a caregiving role (Navaie-Waliser et al., 2002; Neal et al., 1997; NACA & AARP, 1997) and are more likely to combine caregiving and work (Boaz, 1996).

Nonetheless, caregiving likely will remain a gendered experience because women still care more, and are more likely than men to make personal sacrifices in doing so (Stone & Short, 1990; Navaie-Waliser et al., 2002). It is important to understand the scope and nature of these expected gender differences by examining the contexts surrounding women and men separately. This will provide us with a better understanding of how these contexts differentially affect women and men.

**Income**

Certain caregiver characteristics, like gender and income, can be especially salient to a caregivers experience because they represent social conditions faced by an individual. Social conditions can limit the extent to which certain resources are available. For instance low income caregivers may not be able to afford respite or complementary care services. It has been suggested that, if a caregiver is employed, occupational rewards are more important than gender in predicting outcomes and attitudes (Higgins & Duxbury, 2002). Income is one of the most sought after rewards associated with paid employment and can dictate the extent to which certain resources are available. Higher income individuals may be able to purchase formal services to complement their role management. However, having a higher paying, prestigious job does not necessarily mean less stress or time and scheduling conflict. High income jobs are frequently demanding because of additional job commitment and time at the workplace (Rones et al., 1997, Perlow., 1995). Professionals are often highly committed to their jobs and maintain jobs with great demands. In addition, the

family-friendly policies available to these higher paid individuals often go unused because of the understood opportunity costs associated with being passed over for a promotion, becoming more vulnerable to employer cutbacks, and even being given less preferable work assignments (Powell, 1997). Higher income caregivers thus may have greater levels of stress than those in less prestigious positions because of the conflict with their employment and its occupational rewards. This relationship between income and stress and burden should be magnified for men because some believe that it is more acceptable for women to forego income to provide care than men (Riggs, 1997; Eagly, 1987).

**$H_o$ 4:** Higher levels of income will be associated with higher levels of stress and burden, especially for men.

**Marital Status**

Almost 70% of Canadian eldercare providers are married (Keating et al., 1999). The same is true for 63% of employed caregivers in the US (Wagner, 1997). There is evidence that partners can help their spouses meet conflicting role commitments (Brody et al., 1992; Boaz & Muller, 1991), but have little effect on buffering distress resulting from time spent on employment and caregiving (Voydanoff & Donnelly, 1999). One explanation suggests that whether a partner is a resource or demand will depend on their job-type (Chapman et al., 1994). If a caregiver's partner has a demanding job they may not be as available for support in other roles because of their employment related commitments.

Overall, it is expected that individuals with partners at home will have more resources to draw upon than those with no partner, reducing time and scheduling conflict. Further, the potential negotiation and teamwork possible with help from another should enhance caregivers' adaptability in the home sphere. This adaptability can improve caregiver sense of personal control, and decrease the stress and burden associated with competing role commitments.

**$H_o$ 5:** The presence of partners at home will be associated with lower levels of time and scheduling conflict.

**$H_o$ 6:** The presence of partners at home will be associated with lower levels of stress and burden.

**Hours of Employment**

Employment is often discussed in terms of differences in time commitment among part-time, full-time and not employed individuals. Recent Canadian figures indicate that 77% of men and 63% of women care providers are members of the paid work force (Cranswick, 2003) while in the US this figure was 64% for women and men (Wagner, 1997). Hours of employment is an important competing demand due to the potential time and scheduling conflicts with caregiving and resulting employment related costs (Pavalko & Artis, 1997; Boaz, 1996; Stone & Short, 1990). Caregivers employed full-time are the most likely to report job adjustments (Keating et al., 1999; Kemp & Rosenthal, 2001; Dautzenberg et al., 2000). In addition, working full-time has been found to predict higher levels of burden for caregivers in Canada (Keating et al., 1999).

It follows that caregivers employed full-time will report higher levels of time and scheduling conflict than their part-time employed counterparts because working more hours limits the number of hours available for care. Similarly the stress and burden associated with juggling competing demands will be greater for those employed full-time because they have more to juggle.

**$H_o$ 7:** Full-time employment will be associated with the higher levels of time and scheduling conflict.

**$H_o$ 8:** Full-time employment will be associated with higher levels of stress and burden.

**Care Type and Hours**

One definition of informal care is the "assistance provided at no public cost by family (or similar primary groups) to an individual whose needs must be met to remain in the community and to avoid institutionalization" (Cicirelli, 1992, p7). Care type is frequently discussed in terms of assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL). ADL assistance reflects higher levels of physical impairment and refers to such tasks as bathing, dressing, eating, moving around the house, taking medications, toileting and continence care (Katz et al., 1963). IADL reflects a greater ability for the care receiver to live independently, requiring help with less demanding tasks such as light housework, managing money, shopping for groceries or clothes, using the telephone, and preparing meals (Lawton & Brody, 1969). Another type of care that has been recognized more recently is care management. This type of assistance may be performed at a distance but can

still be time consuming. Tasks associated with care management include negotiating services, making appointments and obtaining information (Rosenthal & Martin-Matthews, 1999).

There are gender differences with respect to the amount and type of care provided by family and friend caregivers. Women provide more care than men. In 1996, Canadian women provided an average of 5.0 hours of eldercare per week compared to 3.1 hours for men (Keating et al., 1999). Employed women caregivers also spend more time caring than employed men (Keating et al., 1999; Martin-Matthews & Rosenthal, 1996). In addition, women are more likely to perform necessary personal care tasks than men (Mature Market Institute, 1999; Keating et al., 1999; Navaie-Waliser et al., 2002; Neal et al., 1997; NACA & AARP, 1997) and male employees are less likely to provide emotional support or perform household chores (Neal et al., 1999). That being said, more recent reports indicate that men and women are becoming increasingly similar with respect to the type of care they provide (Neal et al., 1999; Mature Market Institute, 2003).

The type of task provided by the caregiver can also be a significant predictor of caregiver outcomes, including employment accommodations (eg; Keating et al., 1999; Dwyer & Coward, 1991; Boaz, 1996; Laditka & Laditka, 2000; Gottlieb et al., 1994; Stone & Short, 1990). Of the care types mentioned, ADL (personal care) may be considered the most demanding type of care because it is timing specific, occurs when the care recipient is more dependent, and can magnify negative feelings (Meshefedjian et al., 1998; Penning, 1998).

Past research has shown that Canadian men are more likely than women to report job adjustments if they provide personal care (Keating et al., 1999).

**$H_o$ 9:** Providing personal care will be associated with higher levels of time and scheduling conflict, more so for men.

**$H_o$ 10:** Providing personal care will be associated with higher levels of stress and burden.

**Number of People Cared For**

There is little discussion surrounding the number of people cared for as a predictor variable. It is expected that the greater the number of older adults cared for, the greater the likelihood of time and scheduling conflict. As the number of people cared for by an employed caregiver increases it is likely that the time they spend caring also increases and they will have less time to spend on other roles. There is also evidence suggesting that caring for more than one older adult with long-term health problems is associated with increased caregiver burden (Keating et al., 1999).

**$H_o$ 11:** Caring for a greater number of care recipients with long term health problems will be associated with higher levels of time and scheduling conflict.

**$H_o$ 12:** Caring for a greater number of care recipients with long term health problems will be associated with higher levels of stress and burden.

**Care Recipient Health**

The health of the care recipient is an important characteristic because it is related to frailty and therefore to the level of dependency, or need. Older

adults in poor health have greater care requirements, and level of dependency is a strong predictor of caregiver outcomes (e.g. Mature Market Institute, 1999; White-Means & Hong, 2001; Boaz, 1996) including psychological distress (Voydanoff & Donnelly, 1999) and reported workplace accommodations (Keating et al., 1999; Stone & Short, 1990; Scharlach et al., 1991).

A frail elder's declining health status can affect caregiver time and scheduling conflict because heightened caregiving demands may require a transfer of time from other role commitments. In addition, caring for an older adult with failing health can be physically and mentally demanding. Caregiver stress and burden can result because of the emotional aspects of witnessing the failing health of a family member or friend.

**$H_o$ 13:** Caring for more dependent care recipients will be associated with higher levels of time and scheduling conflict.

**$H_o$ 14:** Caring for more dependent care recipients will be associated with higher levels of stress and burden.

**Care Relationship Duration**

Lengthier care relationships can subject the caregiver to longer periods of work-life conflict, including longer periods of high levels of stress (Given et al., 1988; Gottlieb & Gignac, 1996). As care relationships continue over time it is expected that caregivers' engaged in these relationships will be stressed more frequently because of their continued attempt to juggle caregiving and employment. However, there is little written about how lengthier caregiving experiences have influenced time and scheduling conflict.

**$H_o$ 15:** Caregiving relationships of longer duration will be associated with higher levels of stress and burden.

**Geographic Proximity**

The physical distance between the care recipient and caregiver is an important predictor of negative outcomes for caregivers (e.g. Campbell & Martin-Matthews, 2000; Dautzenberg et al., 2000, Gottlieb et al., 1994; Keating et al., 1999). Living in close proximity to the care recipient may even help determine whether one provides care (Dautzenberg et al., 2000). In Canada, more than 85% of caregivers live relatively close to the care recipient; this includes a co-residence rate of almost 14% (Keating et al., 1999). In the US 76% of employed caregivers live within 20 minutes of the care receiver (Wagner, 1997). Not surprising, caregivers located close to the care recipient spend the most time caring (Joseph & Hallman, 1998).

Co-residence is associated with work-life conflict for caregivers (Duxbury, Higgins & Coghill, 2003) and is associated with employee stress (Joseph & Hallman, 1996; Gottlieb et al., 1994) and job-related costs such as missed training and declined promotions (Gottlieb et al., 1994). Caregivers who co-reside with the care recipient also are more likely to reduce their hours of work than caregivers who do not (Covinsky et al., 2001). Commuting to provide care can cause work-life conflict as well. Joseph and Hallman (1996) found that increased travel time to the care recipient predicted caregivers making job adjustments.

The geographic proximity between caregivers and care receivers influences outcomes for women and men differently. Employed male caregivers are more likely than their female counterparts to cut back on caring when distance increases, while women drive farther, more frequently, to provide care (Hallman & Joseph, 1998). Further, Keating and colleagues (1999) found those men who did commute to provide care reported changing hours or missing work and higher levels of burden more than those who co-reside.

If caregivers located close to the care recipient spend the most time caring, it is expected that time and scheduling conflict will result in relationships where the caregivers and care recipient co-reside. Moreover, co-residence often means sharing space, and the loss of privacy. This can cause interpersonal conflict for caregivers who co-reside, and increase their stress (Gottlieb et al., 1994).

**$H_o$ 16:** Living close to the care recipients will be associated with the higher levels of time and scheduling conflict.

**$H_o$ 17:** Living close to the care recipients will be associated with higher levels of stress and burden.

**Relationship**

The majority of caregivers are family members of the care recipient, irrespective of gender (e.g. Keating et al., 1999; Navaie-Waliser et al., 2002; Wagner, 1997). Spousal and parental relationships are the most prevalent (Keating et al., 1999; Wagner, 1997), and spouses spend significantly more time providing care than other groups (Neal et al., 1999). In parent care

scenarios, daughters are more likely to be care providers than sons (Dwyer & Coward, 1991; Boaz, 1996; Laditka & Laditka, 2000).

Caregiver outcomes are often influenced by caregiver-care recipient relationship type. Caring for parents rather than in-laws, other distant relatives and friends can lead to higher levels of negative outcomes for caregivers (Neal et al., 1999). Caring for friends and neighbours can also affect caregivers' experiences. Employed Canadian women caregivers are more likely than employed men caregivers to make job adjustments for extended family members and non-kin (Walker et al., 2003).

It is said to be the close relationship bonds that relate to high levels of caregiver stress and burden (Neal et al., 1999). This bond indicates a greater sense of commitment to the care relationship and caregivers caring for close kin may rank caregiving over other commitments, thus leading to time and scheduling conflict. This association may be greater for women as they are more likely to sacrifice work for non-kin than men.

**$H_o$ 18:** Caring for immediate family members will associated higher levels of time and scheduling conflict, especially for women.

**$H_o$ 19:** Caring for immediate family members will be associated with higher levels of stress and burden.

**Summary**

Many characteristics have been shown to influence work-life conflict for employed caregivers. Distinctive characteristics such as gender provide us with insight into how diverse caregiving experiences can be. However, less is

understood as to how these characteristics affect caregivers' sense of work-life balance. This research will contribute to the existing literature in several ways. We will gain understanding as to how caregiver, care receiver and caregiver-care receiver dyad characteristics influence work-life conflict and work-life balance outcomes. This work will also inform us about the links between employed caregivers' reaction to time and scheduling conflict, reported caregiver feelings of stress and burden, and their sense of work-life balance.

# CHAPTER FOUR

# METHODOLOGY

In chapter three, hypotheses based on prior research findings relevant to the theoretical constructs in chapter two, were proposed. This chapter outlines the empirical approaches used to test the hypotheses presented in the third chapter.

## Data

The data used in this research are from Cycle 16 of Statistics Canada's General Social Survey (GSS). Each year the GSS has a core topic, focus or exploratory questions, and a standard set of socio-demographic questions. In Cycle 16 (2002) the core topic was Aging and Social Support. The target population was all persons over the age of 45 years who lived in private households; the sampling frame was Statistics Canada's 2001 Canadian Community Health Survey (CCHS). Questionnaires were administered using computer assisted telephone interviewing (CATI). Cycle 16 is a suitable source of data for this research because data were collected on assistance provided to seniors, on caregiver, care receiver and caregiver – care receiver dyad characteristics relevant to this study, and on consequences of caring for seniors.

## Sample

The nationally representative sample included 24,870 usable responses with a response rate of over 86% (Statistics Canada, 2003). The sub-sample for

this study comprises 2352 employed caregivers (women=1176, men=1176) who reported providing assistance to at least one older adult (over 65 years) in the last 12 months, because of the recipients' long-term health conditions. The types of assistance provided are categorized by Statistics Canada as: indoor (e.g. housekeeping and meal preparation) and outdoor (e.g. yard work and household maintenance) domestic tasks, personal care (e.g. dressing and bathing), child care and transportation (e.g. driving to appointments and bills and banking).

**Procedures and Analyses**

This study aims to examine the factors that contribute to caregiver work-life conflict and the hypothesized relationships among work-life conflict and caregivers' reported satisfaction with work-life balance.

For reasons of security under Canada's *Statistics Act* (Statistics Canada, 2003) all data manipulation was completed in Statistics Canada's Research Data Centre at the University of Alberta. In order to achieve the objectives of this research several statistical procedures and analyses were utilized.

As indicated in the previous chapter, it is expected that there will be gender differences, not just in the prevalence of work-life balance and work-life conflict, but also in the way in which caregiver, care receiver and care dyad characteristics influence these states. Therefore the sample is divided into male and female sub-samples for all analyses. Initially descriptive statistics were computed to characterize the sample on basic demographic characteristics and to describe the prevalence of work-life conflict and balance among men and

women. Next, bivariate analyses were conducted to test for gender differences in the outcome variables. Finally, regression models were run to test the conceptual hypotheses.

The multivariate analyses consisted of three sets of independent estimations. The dependent variables examined were: job adjustments resulting from time and scheduling conflicts; work-life balance; and caregiver stress and burden. Predictor variables included gender, income, time spent on personal care, number of young children, labour force status, marital status, roster size, duration of care relationship, care dyad geographic proximity and relationship, and care recipient health. Colinearity diagnostics were then performed to test for confounding explanatory variables. If predictor variables are highly correlated it is difficult to determine which of the correlated variables is associated with the dependent variable.

The first set of regression analyses test the relationship between employed caregivers' reported sense of work-life balance and predictor variables, including all measures of work-life conflict. OLS regression techniques were used to test the two hypotheses presented in table 1.

**Table 1**
**Hypothesized Relationships for Models Predicting Work-Life Balance**

| |
|---|
| $H_o$: Reports of stress and burden will be associated with lower levels of satisfaction with work-life balance. |
| $H_o$: Making workplace adjustments, as a reaction to time and scheduling conflict, will be associated with higher levels of satisfaction with work-life balance. |

The second set of regression analyses tested ten proposed relationships between the dependent variable measured as an index representing caregiver stress and burden, and independent contextual variables. The hypotheses tested regarding caregiver stress and burden are presented in table 2.

**Table 2**
**Hypothesized Relationships for Models Predicting Caregiver Stress and Burden**

| |
|---|
| $H_o$: Making workplace adjustments, as a reaction to time and scheduling conflict, will be associated with lower levels of stress and burden. |
| $H_o$: Higher levels of income will be associated with lower levels of stress and burden, especially for men. |
| $H_o$: The presence of partners at home will be associated with higher levels of stress and burden. |
| $H_o$: Full-time employment will be associated with higher levels of stress and burden. |
| $H_o$: Providing personal care will be associated with higher levels of stress and burden. |
| $H_o$: Caring for a greater number of care recipients with long term health problems will be associated with higher levels of stress and burden. |
| $H_o$: Caring for more dependent care recipients will be associated with higher levels of stress and burden. |
| $H_o$: Caregiving relationships of longer duration will be associated with higher levels of stress and burden. |
| $H_o$: Living close to the care recipients will be associated with higher levels of stress and burden |
| $H_o$: Caring for immediate family members will be associated with higher levels of stress and burden. |

The final set of regression analyses consisted of eight Logistic regression models, one for each of the four dependent variables representing job adjustments made due to time and scheduling conflict, for men and women. The hypotheses concerning relationships between independent variables and job adjustments were tested with these models (see table 3). The dependent variables, quit job, reduced work hours, changed work schedule, turned down a

promotion, are binary (1=yes 0=no), therefore logistic regression analysis is an appropriate tool (Judge, Griffiths, & Williams, 1985).

**Table 3**
**Proposed Relationships on Models Predicting Job adjustments**

| |
|---|
| $H_o$: The presence of partners at home will be associated with higher levels of time and scheduling conflict. |
| $H_o$: Full-time employment will be associated with higher levels of time and scheduling conflict. |
| $H_o$: Providing personal care will be associated with higher levels of time and scheduling conflict, more so for men. |
| $H_o$: Caring for a greater number of care recipients with long term health problems will be associated with higher levels of time and scheduling conflict. |
| $H_o$: Caring for more dependent care recipients will be associated with higher levels of time and scheduling conflict. |
| $H_o$: Living close to the care recipients will be associated with higher levels of time and scheduling conflict |
| $H_o$: Caring for immediate family members will associated with higher levels of time and scheduling conflict, especially for women |

Acceptable significance values in all multivariate analyses were less than or equal to 0.05.

**Operational Definitions of Variables**

***Work-life balance***

Work-life balance is a continuous dependent variable with 5 possible responses ranging from very dissatisfied (1) to very satisfied (5):

**Q**: Are you very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied or very dissatisfied with the balance between your job and family and home life?

***Stress and burden***

The index representing caregiver stress and burden was created from five questions regarding caregivers' feelings towards their care experience.

There are three possible responses for each item, with scores ranging from 0 (never) to 2 (nearly always).

**Q**: How often do you feel that because of the time you spend helping people that you don't have enough time for yourself?

**Q**: How often do you feel stressed between helping others and trying to meet other responsibilities for your family or work?

**Q**: How often do you feel angry when you are around the person(s) you are helping?

**Q**: How often do you wish that someone else would take over your helping responsibilities?

**Q**: Overall, how burdened do you feel in helping people over the age of 65?

These items were factor analyzed to determine whether they measure a similar construct. All items loaded on a single factor with a Cronbach alpha of 0.76. Therefore their scores were summed into a single index and treated as a continuous variable with a range of possible scores from 0 (never) to 10 (nearly always).

***Time and scheduling conflict***

Four different reactions to time and scheduling conflict were used as dependent variables in this study. The dependent variables were: quit one's job; reduced work hours; changed work patterns; and turned down a promotion.

**Q**: Looking back over the past 12 months, has assisting persons over the age of 65 caused you to turn down a job offer or a promotion?

**Q**: Looking back over the past 12 months, has assisting persons over the age of 65 caused you to reduce your hours of work?

**Q**: Looking back over the past 12 months, has assisting persons over the age of 65 caused you to quit a job?

**Q**: Looking back over the past 12 months, has assisting persons over the age of 65 caused you to change your work patterns?

Responses to these questions were binary (1=yes 0=no) therefore logistic regression analysis is an appropriate tool (Judge, Griffiths, & Williams, 1985).

Operational definitions of the predictor variables used in this research were created from information available in Statistics Canada's 2002 GSS related to the constructs introduced in chapter one.

**Income** variables are often subject to high rates of non-response, and this is the case in the 2002 GSS. However, in general, it is expected that individuals with higher educational attainment will have higher incomes than those with lower educational attainment. Therefore education was used as a proxy for income. Three categorical variables have been derived from Statistics Canada's data: less than high school diploma; some post secondary education; and post-secondary degree. The category indicating less than high school diploma was omitted as the reference group in multivariate analyses.

**Time spent on personal Care** is a continuous variable indicating how much time (hours/week) the respondent spent providing help with tasks such as bathing, dressing, care of toenails/fingernails, toileting, brushing teeth, and shampooing or hair care.

**Number of young children** is a count of the number of children 14 years of age and younger, living in the respondent's household.

**Labour force status** indicates whether caregivers reported being full-time or part-time members of the paid work force. A categorical variable was created indicating whether the respondent was employed part-time (coded 0) or employed full-time (coded 1). This variable was omitted from the model predicting the probability that the respondent had reduced their hours of work because of the similarity in the dependent and independent variables.

**Marital status** indicates whether the respondent caregiver had a partner or spouse co-residing with them (1), or not (0).

**Roster Size** is a continuous variable that counts the number of older adults with long-term health problems being cared for by the respondent.

**Geographic proximity** measures the physical distance between the caregiver and care receiver. A series of dichotomous dummy variables was created indicating the proximity between the respondent and *any* member of his/her care roster. The variables are: same household/building; same neighbourhood or community; surrounding area; less than half a day's journey; and greater than half a day's journey. The distances specified are driving times, in a car. All variables were coded 0=no and 1=yes. Some respondents reported providing eldercare to more than one individual, therefore it is possible to answer yes to more than one of the derived variables.

**Caregiver-care receiver relationship** was represented by a series of dichotomous variables indicating whether *any* of the persons for whom the

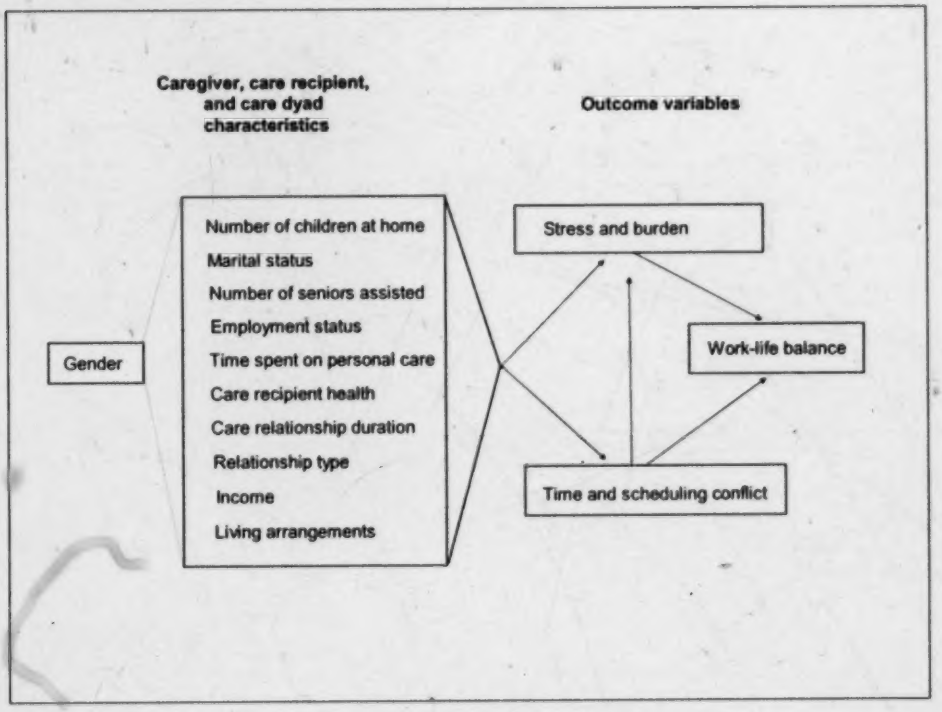
respondent was caring were non-kin, extended kin, or close kin to the caregiver. Close kin indicated whether the care recipient was an immediate family member. This includes spouse, parent, or parent-in-law. The extended kin category includes all other familial relationships, including ex-spouse. Non-kin indicated that the care receiver was a friend, neighbour, or co-worker. The responses were coded 0=no 1=yes. As with the proximity variable, it was possible to have yes responses to more than one of the caregiver-care receiver categories.

**Information on care recipient health** was unavailable in Cycle 16. Instead, a variable was created that indicates what proportion of the respondent's care roster were receiving end-of-life care, or died in the twelve months leading up to the interview.

**Length of caregiving relationship** indicates the length of time the respondent had been providing care to one or more care recipients. A categorical variable was derived from the Statistics Canada's data indicating whether the care relationship was greater than 2 years (1) or not (0).

See figure 2 for a diagrammatic representation of the operational model.

**Figure 2**
**Diagram of Operational Model**



# CHAPTER FIVE

# RESULTS

Initially, this chapter describes the sample according to its demographic characteristics and mean scores for the outcome variables used in this study. This is followed by a description of the relationships among the work-life conflict and work-life balance constructs, and the variables that predict them.

## Sample Description

The sample contains 2352 Canadians forty five years of age and older. Weighted to the Canadian population, these respondents represent over 1.4 million employed Canadian eldercare providers. A complete description of the sample's demographic characteristics is presented in Table 4. There are more men (756 518) than women (676 227) caregivers represented in this sample. All respondents were members of the paid work force in the 12 months leading up to their interview; 90% of men and 70% of women were employed full time. Of the 2352 respondents, 84% of men and 73% of the women were married or living common-law. These caregivers had, on average, less than 1 child under the age of 15 years at home (men=0.28, women=0.12). The sample was very well educated as 55.9% of men and 57.8% of women reported having a university or college degree or diploma. These educational attainment figures are well above national averages for Canadians 45 years and older, even for employed individuals (approximately 15% greater), and raise questions about how representative this sample is.

The majority of caregivers (men=75.5%, women=79.7%) provided care to close kin, or immediate family members. Most caregivers (more than 71% of the sample) cared for more than one older adult. For men, the number of older adults cared for ranged from 1 to 6 with an average of 1.37, while women respondents provided care to an average of 1.35 older adults with long term health problems, ranging from 1 to 5. Women provided more hours of personal care per week (women=1.22, men=0.31) than men. Additionally, the majority (men=69%, women=78%) of all caregiver-care recipient relationships had continued for more than 2 years. Women provided end of life care to 14% of their care recipients while the same is true for 11% of men's care recipients. With respect to the geographic proximity between the caregiver and care recipient, 81.3% of men and 78.4% of women lived in the same community or closer to a care recipient.

Gender differences were also apparent with respect to the outcomes measured in this study. Women were significantly more stressed and less satisfied with their work-life balance than men. As well, significantly more women than men reported making three of the four job adjustments, in response to time and scheduling conflict. Findings describing caregiver outcomes, namely work-life balance and conflict measures are presented in Table 5. These differences emphasize the need to examine the experiences of women and men separately in multivariate analyses.

**Table 4**
**Demographic Characteristics of Sample, by Gender**

| | All Respondents n=2352 (%) | Women n=1176 (%) | Men n=1176 (%) |
|---|---|---|---|
| Marital Status | | | |
| Married or common-law | 1851(78.7) | 865 (73.5) | 986(83.8) |
| Not married | 496(21.1) | 309 (26.3) | 187(15.9) |
| Employment Status | | | |
| Full-time employee | 1890(80.4) | 826(70.2) | 1064(90.4) |
| Part-time employee | 462(19.6) | 350(29.8) | 112(9.6) |
| Education | | | |
| No high school diploma | 307(13.0) | 132(11.2) | 175(14.9) |
| Some post-secondary | 696(29.6) | 356(30.3) | 340(28.9) |
| Degree/Diploma | 1335(56.7) | 679(57.8) | 656(55.8) |
| Living Arrangements | | | |
| Same house/building | 127(5.4) | 122(10.4) | 105(8.9) |
| Surrounding area | 530(22.5) | 278(23.6) | 252(21.4) |
| Same community | 1242(52.8) | 589(50.1) | 653(55.5) |
| Less than ½ day away | 273(11.6) | 149(12.7) | 124(10.5) |
| More than ½ day away | 201(8.5) | 105(8.9) | 96(8.2) |
| Relationship Type | | | |
| Close kin | 1825(77.6) | 937(79.7) | 888(75.5) |
| Distant kin | 228(9.7) | 132(11.2) | 96(8.2) |
| Non-kin | 573(24.4) | 256(21.8) | 317(2.6) |
| Number of seniors assisted | | | |
| One | 1678(71.3) | 843(71.7) | 835(71.0) |
| Two | 541(23.0) | 274(23.3) | 267(22.7) |
| Three | 100(4.3) | 43(3.7) | 57(4.8) |
| More than three | 33(1.4) | 16(1.3) | 17(1.4) |
| Personal care (hours/week) | 0.76 | 1.22 | 0.31 |
| % of care roster palliative | 0.12 | 0.14 | 0.11 |
| Number of children ≤14 years | 0.20 | 0.12 | 0.28 |
| % care relationships >2 years | 0.73 | 0.69 | 0.78 |

**Table 5**
**Outcome Scores of Sample, by Gender**

| | All Respondents n=2352 | Women n=1176 | Men n=1176 | t-statistic |
|---|---|---|---|---|
| Work-life balance (Standard deviation) | 4.00(0.89) | 3.94(0.93) | 4.06(0.85) | -3.315*** |
| Stress and burden Index (Standard deviation) | 1.84(1.95) | 2.55(2.17) | 1.47(1.73) | 12.620*** |
| | | | | Pearson $X^2$ |
| No to promotion (%) | 59(2.7) | 32(2.9) | 27(2.5) | 0.285 |
| Reducework hours (%) | 376(17.1) | 237(21.5) | 139(12.7) | 30.035*** |
| Change work schedule (%) | 481(21.9) | 309(28.0) | 172(15.8) | 48.735*** |
| Quit Job (%) | 33(1.8) | 27(2.4) | 6(0.5) | 13.898*** |

*** $p \leq .001$

**Work-life Balance**

Few hypotheses were made regarding caregiver work-life balance. These proposed relationships and a summary of the corresponding findings are presented in Table 6. Multivariate results for the work-life balance outcome are presented in Tables 7 and 8. The majority of employed Canadian caregivers reported feeling satisfied with the balance between their job, family and home life (see Table 5). However, due to the prevalence of family and friend care, many caregivers also were very dissatisfied with their work-life balance. OLS results show that the number of children less than 15 years of age in the household, higher levels of caregiver stress and burden, and working full-time were negatively related to caregiver's satisfaction with work-life balance.

The magnitude of these predictor-outcome relationships revealed gender differences. For women the effect of each additional child under the age of 15

years is much stronger than for men. With each additional child women scored approximately 0.25 and men scored 0.13 less on their 5 point measure of satisfaction with work-life balance (*ceteris paribas*). On a similar note, men working full time scored approximately 0.25 less on satisfaction with their work-life balance than those working part-time. The magnitude of this relationship was greater than that for women working full-time as they scored 0.19 less than their part-time counterparts.

The analyses also reveal positive relationships; men who were married and had a degree (compared to no high school diploma) reported being more satisfied with their work-life balance. Married men scored approximately 0.25 points higher on the satisfaction with work-life balance scale than those who were not married. Caregiver-care receiver relationship proved to be an important predictor for women as providing care to close kin was also positively associated with satisfaction with work-life balance.

It was hypothesized that being stressed and burdened more often would be negatively associated with satisfaction with work-life balance. This hypothesis was supported for both men and women as being stressed and burdened more often corresponded to lower levels of caregiver satisfaction with their work-life balance. Further, it was suggested that making accommodations as a reaction to time and scheduling conflicts would be related to an increased sense of work-life balance. Time and scheduling conflict is operationalized as four different types of reactions, or adjustments, to time and scheduling conflict that arise from competing employment and eldercare demands. These

adjustments include changing hours of work, changing work patterns, declining a promotion, and quitting one's job. The hypotheses regarding time and scheduling conflict were not supported as none of these adjustments proved to be a significant predictor of caregiver satisfaction with their work-life balance.

**Table 6**
**Hypothesized Predictors of Caregiver Work-Life Balance and Results**

| Predictor Variables | Proposed Relationship | | Results | |
|---|---|---|---|---|
| | Women | Men | Women | Men |
| Reduce work hours | + | + | NS | NS |
| Change work patterns | + | + | NS | NS |
| Quit job | + | + | NS | NS |
| Decline promotion | + | + | NS | NS |
| Stress and burden | - | - | - | - |

NS - not significant

**Table 7**
**Multiple Regressions on Work-Life Balance for Women**

| Independent Variables | B | SE B | Beta | t |
|---|---|---|---|---|
| Stress and burden Index | -.106 | .014 | -.254 | -7.561*** |
| No to promotion | -.039 | .176 | -.007 | -.221 |
| Reduce work hours | -.011 | .080 | -.005 | -.132 |
| Change work schedule | -.045 | .075 | -.022 | -.604 |
| Quit Job | .203 | .195 | .033 | 1.044 |
| Marital Status | | | | |
| Married or common-law | .114 | .062 | .055 | 1.827 |
| Employment Status | | | | |
| Full-time employee | -.193 | .059 | -.097 | -3.265*** |
| Education | | | | |
| Some post-secondary | .053 | .094 | .027 | .560 |
| Degree/Diploma | -.036 | .089 | -.019 | -.399 |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | -.202 | .126 | -.070 | -1.609 |
| Surrounding area | -.216 | .114 | -.103 | -1.890 |
| Same community | -.022 | .113 | -.012 | -.194 |
| Less than ½ day away | -.124 | .122 | -.047 | -1.018 |
| More than ½ day away | -.178 | .131 | -.058 | -1.355 |
| Relationship Type | | | | |
| Close kin | .253 | .120 | .111 | 2.108* |
| Distant kin | .038 | .120 | .012 | .313 |
| Non-kin | .160 | .114 | .074 | 1.404 |
| Number of seniors assisted | .023 | .060 | .016 | .379 |
| Personal care (hours/week) | .001 | .006 | .007 | .234 |
| Percentage of care roster palliative or deceased | .109 | .105 | .031 | 1.039 |
| Number of children ≤14 years | -.275 | .072 | -.114 | -3.839*** |
| Percentage of care roster relationships >2 years | -.119 | .062 | -.056 | -1.910 |
| (Constant) | 4.232 | .149 | | 28.395*** |

$R^2$: .12 Adjusted $R^2$: .101 F (*df*): 6.488*** (22, 1048)

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

**Table 8**
**Multiple Regressions on Work-Life Balance for Men**

| Independent Variables | B | SE B | Beta | t |
|---|---|---|---|---|
| Stress and burden Index | -.099 | 0.16 | -.206 | -6.380*** |
| No to promotion | -.192 | .170 | -.037 | -1.132 |
| Reduce work hours | -.104 | .087 | -.042 | -1.197 |
| Change work schedule | -.028 | .080 | -.013 | -.353 |
| Marital Status | | | | |
| Married or common-law | .264 | .071 | .115 | 3.690*** |
| Employment Status | | | | |
| Full-time employee | -.249 | .087 | -.087 | -2.881* |
| Education | | | | |
| Some post-secondary | .089 | .080 | .049 | 1.121 |
| Degree/Diploma | .193 | .074 | .115 | 2.623* |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | .005 | .130 | .002 | .041 |
| Surrounding area | .050 | .108 | .025 | .461 |
| Same community | -.002 | .114 | -.001 | -.021 |
| Less than ½ day away | -.184 | .119 | -.070 | -1.540 |
| More than ½ day away | -.192 | .121 | -.065 | -1.591 |
| Relationship Type | | | | |
| Close kin | .145 | .107 | .074 | 1.354 |
| Distant kin | .142 | .116 | .047 | 1.224 |
| Non-kin | .070 | .104 | .037 | .671 |
| Number of seniors assisted | .052 | .048 | .043 | 1.076 |
| Personal care (hours/week) | .008 | .015 | .016 | .518 |
| Percentage of care roster palliative or deceased | .051 | .119 | .013 | .424 |
| Number of children ≤14 years | -.133 | .038 | -.107 | -3.515*** |
| Percentage of care roster relationships >2 years | .006 | .066 | .003 | .089 |
| (Constant) | 3.948 | .169 | | 3.360*** |

$R^2$: .096 Adjusted $R^2$: .077 $F$ (*df*): 5.195*** (21, 1032)

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

**Stress and Burden**

Several hypotheses were made regarding caregiver stress and burden. These proposed relationships are presented in Table 9. Employed Canadian caregivers in this nationally representative sample reported relatively low overall levels of stress and burden. Women reported being more stressed than men. On a scale from 0 to 10, where a score of 10 indicates stressed very often, women scored an average of 2.56, compared to 1.47 for men (see Table 5). While the range of scores for caregiver stress and burden were from 0 to 10, many caregivers (12%) report being always stressed on at least one of the five items.

**Table 9**
**Hypothesized Predictors of Caregiver Stress and Burden, and Results**

| Predictor Variables | Proposed Relationship | | Results | |
|---|---|---|---|---|
| | Women | Men | Women | Men |
| Reduce work hours | - | - | + | + |
| Change work patterns | - | - | + | + |
| Quit job | - | - | NS | NA |
| Decline promotion | - | - | NS | NS |
| Higher education | None | + | + | NS |
| Full-time employment | - | - | NS | NS |
| Poor care recipient health | - | - | - | - |
| Close proximity | - | - | - | - |
| Caring for close kin | - | - | NS | NS |
| Number of adults cared for | - | - | NS | NS |
| Care relationship > 2 years | - | - | NS | NS |
| Married | + | + | NS | + |

NS-not significant at p≤.05 NA-not applicable (cell size too small)

OLS results for caregiver stress and burden are presented in Tables 10 and 11. It was suggested that making accommodations at work, as a reaction to time and scheduling conflicts, would be related to lower levels of stress and burden. This hypothesis was not supported. In fact, where work accommodations were statistically significant the opposite proved to be true: making certain adjustments at work to accommodate time and scheduling conflict was associated with higher levels of stress and burden. More specifically, caregivers who reported changing their hours of work and changing their work patterns because of caregiving demands were stressed and burdened more often.

It was hypothesized that men with higher levels of education would experience more frequent stress and burden, but no such relationship for male respondents was found. However, women with more education reported being stressed more often because of caregiving demands. Similarly, it was hypothesized that having a partner would be associated with infrequent stress and burden for men and women. This hypothesis was partially supported as the relationship was significant for men but not women. Providing end of life care, and co-residence with the care recipient were significant predictors of caregiver stress and burden, as hypothesized. The hypothesis that caring for close kin would be associated with higher levels of stress and burden was not supported however, women caring for non-kin reported lower levels of stress and burden.

Other hypotheses suggesting that full-time employment, providing assistance to more than one older adult, and having a high proportion of long-

term (>2 years) care relationships would be associated with higher levels of stress and burden were not supported.

The amount of explained variance in the stress and burden models are quite modest, as shown in the $R^2$ values. However, the models predicting caregiver stress and burden explain a greater proportion of variance than the models predicting work-life balance. Additionally, more variance was explained for women than men in both sets of models.

**Table 10**
**Multiple Regressions on Stress and Burden for Women**

| Independent Variables | B | SE B | Beta | t |
|---|---|---|---|---|
| No to promotion | .129 | .385 | .010 | .336 |
| Reduce work hours | .725 | .175 | .137 | 4.154*** |
| Change work schedule | 1.269 | .158 | .262 | 8.011*** |
| Quit Job | .385 | .427 | .026 | .902 |
| Marital Status | | | | |
| Married or common-law | -.125 | .135 | -.025 | -.927 |
| Employment Status | | | | |
| Full-time employee | .156 | .129 | .033 | 1.205 |
| Education | | | | |
| Some post-secondary | .416 | .205 | .088 | 2.026* |
| Degree/Diploma | .578 | .195 | .131 | 2.966* |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | .703 | .274 | .102 | 2.567*** |
| Surrounding area | .208 | .250 | .041 | .831 |
| Same community | .139 | .248 | .032 | .559 |
| Less than ½ day away | -.201 | .267 | -.032 | -.756 |
| More than ½ day away | -.533 | .287 | -.072 | -1.859 |
| Relationship Type | | | | |
| Close kin | .310 | .262 | .057 | 1.185 |
| Distant kin | .002 | .261 | .000 | .008 |
| Non-kin | -.591 | .249 | -.114 | 2.370* |
| Number of seniors assisted | .245 | .132 | .073 | 1.850 |
| Personal care (hours/week) | .042 | .013 | .093 | 3.363*** |
| Percentage of care roster palliative or deceased | .714 | .229 | .085 | 3.113* |
| Number of children ≤14 years | -.038 | .157 | -.007 | -.243 |
| Percentage of care roster relationships >2 years | .151 | .136 | .030 | 1.114 |
| (Constant) | .761 | .325 | | 2.338* |

$R^2$: .256 Adjusted $R^2$: .241 F (*df*): 17.323*** (21, 1056)

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

**Table 11**
**Multiple Regressions on Stress and Burden for Men**

| Independent Variables | B | SE B | Beta | t |
|---|---|---|---|---|
| No to promotion | .528 | .341 | .048 | 1.549 |
| Reduce work hours | .808 | .173 | .157 | 4.675*** |
| Change work schedule | .682 | .159 | .145 | 4.290*** |
| Marital Status | | | | |
| Married or common-law | -.280 | .143 | -.059 | -1.960* |
| Employment Status | | | | |
| Full-time employee | .144 | .174 | .024 | .829 |
| Education | | | | |
| Some post-secondary | .151 | .159 | .040 | .946 |
| Degree/Diploma | .200 | .147 | .057 | 1.357 |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | .576 | .260 | .097 | 2.218* |
| Surrounding area | .314 | .216 | .076 | 1.456 |
| Same community | .583 | .228 | .166 | 2.554* |
| Less than ½ day away | .492 | .238 | .090 | 2.065* |
| More than ½ day away | .045 | .241 | .007 | .186 |
| Relationship Type | | | | |
| Close kin | .159 | .214 | .039 | .743 |
| Distant kin | .103 | .233 | .016 | .441 |
| Non-kin | -.410 | .208 | -.105 | -1.975* |
| Number of seniors assisted | .117 | .097 | .046 | 1.211 |
| Personal care (hours/week) | .044 | .030 | .044 | 1.469 |
| Percentage of care roster palliative or deceased | 1.018 | .237 | .127 | 4.288*** |
| Number of children ≤14 years | -.040 | .076 | -.016 | -.532 |
| Percentage of care roster relationships >2 years | -.037 | .133 | -.008 | -.276 |
| (Constant) | .452 | .338 | | 1.339 |

$R^2$: .159 Adjusted $R^2$: .143 F (*df*): 9.824*** (20, 1040)

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

**Time and Scheduling Conflict**

As mentioned previously, time and scheduling conflict was operationalized via four different reactions to time and scheduling conflict, or job adjustments. For all four of the job accommodations, it was hypothesized that caregivers who worked full-time, provided end of life care, co-resided with the care recipient, cared for close kin, cared for more than one older adult, and spent greater amounts of time providing personal care would also be more likely to report making job adjustments. Further, it was suggested that caregivers with partners at home would be less likely to report making job adjustments. Several of these hypotheses were supported and several gender differences resulted. The proposed relationships and a summary of findings are presented in Tables 12 and 13.

**Table 12**
**Hypothesized Predictors of Time and Scheduling Conflict for Women**

| Predictor Variables | Proposed Relationship | Results | | | |
|---|---|---|---|---|---|
| | | *Quit job* | *No to promotion* | *Reduce work hours* | *Change work patterns* |
| Full-time employment | + | - | - | NS | NS |
| Poor care recipient health | + | - | + | NS | NS |
| Close proximity | + | NS | NS | NS | + |
| Caring for close kin | + | NS | NS | + | + |
| Number of adults cared for | + | NS | NS | + | + |
| Personal care (hrs/week) | + | + | NS | + | + |
| Married | - | NS | NS | NS | NS |

NS-not significant at p≤.05 NA-not applicable (cell size too small)

**Table 13**
**Hypothesized Predictors of Time and Scheduling Conflict for Men**

| Predictor Variables | Proposed Relationship | Results | | | |
|---|---|---|---|---|---|
| | | *Quit job* | *No to promotion* | *Reduce work hours* | *Change work patterns* |
| Full-time employment | + | NA | - | NS | NS |
| Poor care recipient health | + | NA | NS | NS | NS |
| Close proximity | + | NA | - | + | + |
| Caring for close kin | + | NA | NS | + | NS |
| Number of adults cared for | + | NA | NS | NS | + |
| Personal care (hrs/week) | + | NA | NS | + | + |
| Married | - | NA | - | NS | NS |

NS-not significant at p≤.05 NA-not applicable (cell size too small)

***Change Work Patterns***

As presented in Table 5, changing work patterns in response to time and scheduling conflict was the most prevalent job adjustment reported. Twenty eight percent of women and almost sixteen percent of men caregivers changed their work patterns because of their care responsibilities.

Results from logistic regression models for changing work patterns are presented in Tables 14 and 15. No hypotheses about the relationships between education (as a proxy for income) and time and scheduling conflict were presented (see Tables 12 & 13). However, caregivers with a degree or diploma were almost twice as likely as those with no high school diploma to report changing their work patterns. Providing care to an individual who resided in the same building or house made it twice as likely that women, and three times as

likely that men, changed their work patterns. Women and men who provided personal care were 3% and 12% respectively more likely with each additional hour of personal care per week to report changing their work patterns. Also, with each additional care recipient women caregivers were more than 1.6 times and men caregivers almost 1.4 times more likely to report having changed their work patterns.

Not all predictors were significant for both men and women. Women who cared for close kin were more than twice as likely to report changing their work patterns than those who did not. However when women cared for non-kin they were less than half as likely to make this adjustment than those who did not care for a friend or neighbour. Men who were involved in care relationships longer than 2 years in duration were less than half as likely to change their work patterns because of caregiving.

Overall, four of the seven hypothesized relationships were supported for women, compared to three for men.

**Table 14**
**Logistic Regressions on Change Work Patterns for Women**

| Independent Variables | B | SE B | Exp (B) | Wald |
|---|---|---|---|---|
| Marital Status | | | | |
| Married or common-law | -.206 | .166 | .814 | 1.535 |
| Employment Status | | | | |
| Full-time employee | -.133 | .157 | .875 | .716 |
| Education | | | | |
| Some post-secondary | .115 | .287 | 1.122 | .161 |
| Degree/Diploma | .729 | .269 | 2.073 | 7.354* |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | .773 | .320 | 2.166 | 5.848* |
| Surrounding area | -.021 | .293 | .980 | .005 |
| Same community | .529 | .288 | 1.697 | 3.376 |
| Less than ½ day away | .365 | .305 | 1.440 | 1.433 |
| More than ½ day away | .169 | .335 | 1.184 | .255 |
| Relationship Type | | | | |
| Close kin | .896 | .350 | 2.450 | 6.555* |
| Distant kin | -.453 | .326 | .636 | 1.936 |
| Non-kin | -.795 | .300 | .452 | 7.046* |
| Number of seniors assisted | .484 | .153 | 1.622 | 10.019* |
| Personal care (hours/week) | .033 | .015 | 1.034 | 4.725* |
| Percentage of care roster palliative or deceased | .494 | .253 | 1.638 | 3.818 |
| Number of children ≤14 years | .123 | .181 | 1.131 | .464 |
| Percentage of care roster relationships >2 years | .181 | .171 | 1.199 | 1.122 |
| (Constant) | -3.114 | .446 | .044 | 48.724*** |

Nagelkerke $R^2$: .156 -2 Log likelihood: 1181.534
Change work patterns – Yes: 758 No: 266
Percentage Predicted Correct: 72.7

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

**Table 15**
**Logistic Regressions on Change Work Patterns for Men**

| Independent Variables | B | SE B | Exp (B) | Wald |
|---|---|---|---|---|
| Marital Status | | | | |
| Married or common-law | -.071 | .242 | .931 | .087 |
| Employment Status | | | | |
| Full-time employee | .251 | .326 | 1.286 | .593 |
| Education | | | | |
| Some post-secondary | .733 | .318 | 2.080 | 5.312* |
| Degree/Diploma | .592 | .302 | 1.807 | 3.830* |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | 1.165 | .385 | 3.205 | 9.158* |
| Surrounding area | .510 | .330 | 1.665 | 2.384 |
| Same community | .332 | .355 | 1.394 | .879 |
| Less than ½ day away | .128 | .377 | 1.136 | .115 |
| More than ½ day away | .345 | .367 | 1.413 | .884 |
| Relationship Type | | | | |
| Close kin | .613 | .369 | 1.846 | 2.769 |
| Distant kin | .093 | .387 | 1.097 | .057 |
| Non-kin | -.270 | .334 | .764 | .653 |
| Number of seniors assisted | .313 | .151 | 1.368 | 4.334* |
| Personal care (hours/week) | .117 | .045 | 1.124 | 6.797* |
| Percentage of care roster palliative or deceased | -.047 | .396 | .954 | .014 |
| Number of children ≤14 years | -.111 | .137 | .895 | .661 |
| Percentage of care roster relationships >2 years | -.555 | .218 | .574 | 6.498* |
| (Constant) | -3.381 | .605 | .034 | 31.225*** |

Nagelkerke $R^2$ : .096 -2 Log likelihood : 887.557
Change hours of work – Yes: 170 No: 914
Percentage Predicted Correct: 84.1

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

***Reduce Work Hours***

Changing hours of work to meet caregiving demands was the second most prevalent of the four types of job adjustments measured in this study. More than 21% of women and 12% of men reported making this adjustment to accommodate time and scheduling conflict (see Table 5).

Tables 16 and 17 contain results from logistic regression models predicting the likelihood of respondents changing their hours of work. Caregivers were about one-third as likely to reduce their hours of work if they cared for one or more non-kin, and slightly more likely to report changing their hours of work with each additional hour of personal care provided. Additionally, the likelihood that women had reduced their hours of work more than doubled with each additional senior cared for while men were three times more likely to reduce their hours of work when the care recipient co-resided with them.

The hypothesis inferring that caring for one or more close-kin care recipients will be associated with higher likelihood of changing work hours was partially supported. Close kin itself was not a significant predictor, however caregivers caring for a friend or neighbour were more likely to reduce their hours of work because of caregiving than those who did not.

**Table 16**
**Logistic Regression on Reduce Hours of Work for Women**

| Independent Variables | B | SE B | Exp (B) | Wald |
|---|---|---|---|---|
| Marital Status | | | | |
| Married or common-law | -.132 | .181 | .876 | .536 |
| Employment Status | | | | |
| Full-time employee | -.258 | .168 | .773 | 2.341 |
| Education | | | | |
| Some post-secondary | -.329 | .296 | .720 | 1.233 |
| Degree/Diploma | .315 | .272 | 1.370 | 1.335 |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | .444 | .338 | 1.559 | 1.730 |
| Surrounding area | -.277 | .317 | .758 | .764 |
| Same community | -.119 | .308 | .888 | .149 |
| Less than ½ day away | -.207 | .328 | .813 | .398 |
| More than ½ day away | -.101 | .360 | .904 | .079 |
| Relationship Type | | | | |
| Close kin | .615 | .394 | 1.850 | 2.432 |
| Distant kin | -.522 | .349 | .593 | 2.230 |
| Non-kin | -1.198 | .337 | .302 | 12.613*** |
| Number of seniors assisted | .723 | .160 | 2.062 | 20.379*** |
| Personal care (hours/week) | .032 | .015 | 1.032 | 4.448* |
| Percentage of care roster palliative or deceased | .358 | .271 | 1.430 | 1.744 |
| Number of children ≤14 years | .071 | .196 | 1.073 | .130 |
| Percentage of care roster relationships >2 years | .094 | .183 | 1.098 | .263 |
| (Constant) | -2.464 | .482 | .085 | 6.109*** |

Nagelkerke $R^2$: .137 -2 Log likelihood: 1046.736
Reduce hours of work – Yes: 223 No: 848
Percentage Predicted Correct: 78.2

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

**Table 17**
**Logistic Regressions on Reduce Hours of Work for Men**

| Independent Variables | B | SE B | Exp (B) | Wald |
|---|---|---|---|---|
| Marital Status | | | | |
| Married or common-law | -.375 | .256 | .687 | 2.145 |
| Employment Status | | | | |
| Full-time employee | -.274 | .317 | .760 | .750 |
| Education | | | | |
| Some post-secondary | .503 | .327 | 1.653 | 2.364 |
| Degree/Diploma | .182 | .313 | 1.200 | .339 |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | 1.199 | .423 | 3.316 | 8.017* |
| Surrounding area | .597 | .364 | 1.817 | 2.689 |
| Same community | .646 | .389 | 1.908 | 2.751 |
| Less than ½ day away | .503 | .409 | 1.653 | 1.510 |
| More than ½ day away | .748 | .402 | 2.113 | 3.463 |
| Relationship Type | | | | |
| Close kin | .409 | .435 | 1.505 | .883 |
| Distant kin | -.362 | .449 | .696 | .651 |
| Non-kin | -.972 | .386 | .378 | 6.356* |
| Number of seniors assisted | .279 | .167 | 1.321 | 2.788 |
| Personal care (hours/week) | .096 | .043 | 1.100 | 4.963* |
| Percentage of care roster palliative or deceased | .619 | .376 | 1.858 | 2.709 |
| Number of children ≤14 years | .150 | .133 | 1.162 | 1.275 |
| Percentage of care roster relationships >2 years | -.442 | .237 | .643 | 3.487 |
| (Constant) | -2.702 | .640 | .067 | 17.824*** |

Nagelkerke $R^2$: .102 -2 Log likelihood: 772.348
Reduce hours of work – Yes: 139 No: 947
Percentage Predicted Correct: 87.0

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

***No to Promotion***

Caregiver reports of declining a promotion because of caregiving demands were not very prevalent in this sample. Only 2.9% of women and 2.8% of men respondents made such claims (see Table 5).

Logistic regression results are presented in tables 18 and 19. In contrast to what was hypothesized, women and men caregivers employed full-time were less likely to decline a promotion than those employed part-time (see Tables 12 & 13). Women working full-time were half as likely as those employed part-time to decline a promotion, while men working full-time were 20% as likely to decline a promotion as men working part-time.

Additional gender differences surfaced. Women who provided end of life care were 2.7 times more likely than those who didn't to decline a promotion. In addition, women with children less than 15 years of age at home were 2.3 times more likely with each additional child to say no to a promotion. Married men were 30% less likely to report declining a promotion than single men and men caregivers residing less than half a day away from one or more care recipients also were less likely to decline a promotion than those who did not.

**Table 18**
**Logistic Regressions on No to Promotion for Women**

| Independent Variables | B | SE B | Exp (B) | Wald |
|---|---|---|---|---|
| Marital Status | | | | |
| Married or common-law | -.384. | .423 | .681 | .827 |
| Employment Status | | | | |
| Full-time employee | -.753 | .381 | .471 | 3.902* |
| Education | | | | |
| Some post-secondary | 1.189 | .953 | 3.284 | 1.556 |
| Degree/Diploma | 1.044 | .938 | 2.839 | 1.237 |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | 1.152 | .763 | 3.165 | 2.278 |
| Surrounding area | .002 | .819 | 1.002 | .000 |
| Same community | -.101 | .785 | .904 | .017 |
| Less than ½ day away | .235 | .853 | 1.265 | .076 |
| More than ½ day away | .213 | .896 | 1.237 | .056 |
| Relationship Type | | | | |
| Close kin | 1.582 | .935 | 4.864 | 2.865 |
| Distant kin | .987 | .816 | 2.683 | 1.464 |
| Non-kin | .489 | .795 | 1.631 | .379 |
| Number of seniors assisted | -.451 | .483 | .637 | .872 |
| Personal care (hours/week) | .024 | .023 | 1.024 | 1.081 |
| Percentage of care roster palliative or deceased | 1.013 | .509 | 2.753 | 3.961* |
| Number of children ≤14 years | .843 | .328 | 2.323 | 6.619* |
| Percentage of care roster relationships >2 years | .686 | .496 | 1.985 | 1.908 |
| (Constant) | -5.787 | 1.327 | .003 | 19.010*** |

Nagelkerke $R^2$: .114 -2 Log likelihood: 260.977
Quit Job – Yes: 32 No: 1071
Percentage Predicted Correct: 97.1

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

**Table 19**
**Logistic Regressions on No to Promotion for Men**

| Independent Variables | B | SE B | Exp (B) | Wald |
|---|---|---|---|---|
| Marital Status | | | | |
| Married or common-law | -1.224 | .459 | .294 | 7.097* |
| Employment Status | | | | |
| Full-time employee | -1.606 | .550 | .201 | 8.521* |
| Education | | | | |
| Some post-secondary | .369 | .916 | 1.446 | .162 |
| Degree/Diploma | 1.265 | .827 | 3.544 | 2.339 |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | -1.695 | 2.042 | .184 | .689 |
| Surrounding area | -3.268 | 2.064 | .038 | 2.508 |
| Same community | -3.638 | 2.097 | .026 | 3.011 |
| Less than ½ day away | -4.553 | 1.079 | .011 | 3.874* |
| More than ½ day away | --- | --- | --- | --- |
| Relationship Type | | | | |
| Close kin | .255 | 1.161 | 1.290 | .048 |
| Distant kin | .627 | 1.018 | 1.871 | .379 |
| Non-kin | -1.077 | 1.148 | .341 | .881 |
| Number of seniors assisted | .749 | .419 | 2.115 | 3.189 |
| Personal care (hours/week) | .109 | .071 | 1.116 | 2.375 |
| Percentage of care roster palliative or deceased | -3.841 | 2.603 | .021 | 2.178 |
| Number of children ≤14 years | -.479 | .591 | .620 | .657 |
| Percentage of care roster relationships >2 years | .173 | .647 | 1.189 | .072 |
| (Constant) | -.094 | 2.348 | .910 | .002 |

Nagelkerke $R^2$: .293 -2 Log likelihood: 186.248
Quit Job – Yes: 25 No: 1062
Percentage Predicted Correct: 97.7

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

***Quit Job***

Few caregivers (women=2.4%, men=0.5%) reported quitting their job because of time and scheduling conflict related to caregiving demands. Too few men reported this consequence to conduct multivariate modeling. The logistic regression results for women are presented in Table 20.

Four of the seven hypothesized relationships were supported for women caregivers (see Table 13). Women who worked full-time were less likely to report quitting their jobs than part-time employees because of caregiving demands. Providing end of life care also was a significant predictor, but the relationship was opposite to what was expected. Women who provided end of life care to at least one care recipient were 20% as likely to report quitting their jobs, not more likely to quit their jobs. Additionally, women were 11% more likely with each additional hour of personal care provided report quitting their jobs.

The pseudo R-square values in the models predicting job accommodations are modest and different for women and men. Again, models for women explain more variance than models for men. This is true for the two most prevalent accommodations, changing work patterns and changing work hours. Conversely, model results for turning down a promotion revealed higher pseudo R-square values for men than women. Pseudo R-square values for the time and scheduling models ranged from 9.6% (change work patterns, men) to 29.3% (no to promotion, men).

**Table 20**
**Logistic Regressions on Quit Job for Women**

| Independent Variables | B | SE B | Exp (B) | Wald |
|---|---|---|---|---|
| Marital Status | | | | |
| Married or common-law | -.171 | .464 | .843 | .135 |
| Employment Status | | | | |
| Full-time employee | -1.073 | .425 | .342 | 6.360* |
| Education | | | | |
| Some post-secondary | .720 | .909 | 2.055 | .628 |
| Degree/Diploma | 1.124 | .873 | 3.078 | 1.660 |
| *(reference: no high school diploma)* | | | | |
| Living Arrangements | | | | |
| Same house/building | .269 | .972 | 1.309 | .077 |
| Surrounding area | -.738 | 1.017 | .478 | .527 |
| Same community | -.758 | 1.002 | .469 | .572 |
| Less than ½ day away | -.485 | 1.079 | .616 | .202 |
| More than ½ day away | -21.317 | 2879.606 | .000 | .000 |
| Relationship Type | | | | |
| Close kin | -.482 | 1.114 | .618 | .187 |
| Distant kin | -.013 | .951 | .987 | .000 |
| Non-kin | -2.334 | 1.336 | .097 | 2.922 |
| Number of seniors assisted | .151 | .530 | 1.163 | .081 |
| Personal care (hours/week) | .108 | .034 | 1.114 | 9.922* |
| Percentage of care roster palliative or deceased | -1.567 | 1.087 | .209 | 2.079* |
| Number of children ≤14 years | .003 | .539 | 1.003 | .000 |
| Percentage of care roster relationships >2 years | .515 | .534 | 1.673 | .930 |
| (Constant) | -3.088 | 1.533 | .046 | 4.056* |

Nagelkerke $R^2$ : .147 -2 Log likelihood : 218.537
Quit Job – Yes: 26 No: 1076
Percentage Predicted Correct: 97.6

*p ≤ .05 (1-tail) *** p ≤ .001 (1-tail)

# CHAPTER SIX

# DISCUSSION

The first section of this chapter focuses on the relationships among work-life balance and the two types of work-life conflict introduced in chapter two. Next, risk factors and influential characteristics regarding caregiver outcomes are discussed. The last section of this chapter discusses potential policy implications of this research, and limitations to this study.

## Work-life Balance and Work-life Conflict

A primary objective of this study was to examine the relationships among two types of work-life conflict (pressured feelings towards multiple roles and time and scheduling conflict) and work-life balance, for employed caregivers to older adults with long-term health problems. Many employed caregivers in this study reported work-life conflict when attempting to juggle employment, caregiving, and other life roles. However, a sense of work-life balance, or the absence of work-life conflict, is widely sought. The relationships among these reciprocal constructs are unclear. It was suggested that work-life conflict and work-life balance were related but different constructs, but the relationships were not all as expected.

None of the four reactions to time and scheduling conflict used in this study (change work patterns, reduce work hours, decline promotion & quit job) proved to be directly related to work-life balance. Other research has suggested that flexible work schedules can allow caregivers to better juggle their

competing demands and feel more satisfied with their work-life balance (Wagner, 2003; Hill et al., 2001). Flexible job scheduling may be able to help workers undo their caregiving-work "time bind" (Hochschild, 1997) and achieve a sense of work-life balance (Tausig & Fenwick, 2001, UK Government, 2003). Scheduling flexibility may allow caregivers to divide their time between work and family in a manner different from their current situation. In this study, caregiver satisfaction with their work-life balance was not directly related to whether they reduced their hours of work, changed their work schedule, declined a promotion or quit their jobs. One possible explanation concerns the job adjustment measures used in this study. It is not clear that adjustments respondents reported making to their paid work resulted from flexible job conditions at the workplace because this information is not available in the data file. If job adjustments were facilitated by workplace flexibility, this finding may be evidence that such flexibility does not help employed caregivers feel more satisfied with their work-life balance. If not, the lack of positive association between caregiver satisfaction with their work-life balance and workplace adjustments is not surprising. Making adjustments at work to provide eldercare also may negatively influence an employee's performance and its associated rewards. For example, the inability to properly serve a client may result in the loss of that client, affect the business's bottom line and possibly one's commission.

Concluding that caregivers who made job adjustments in reaction to time and scheduling conflict were not more satisfied with their work-life balance may

be premature because little is known about respondents' work environments. We do not know how workplace characteristics affect caregiver adaptability. Many firms have formal and informal workplace policies that support families. Two things need to be understood: what options are available; and what are the workplace attitudes surrounding their use. An employee's understanding of how their organization views familial duties is a salient predictor of employee satisfaction with work-life balance (Saltzstein et al., 2001). Further, the reactions to time and scheduling conflict used in this study are not the only ways workers can adjust their employment to care. Others may include working at home and/or sharing work with colleagues. A closer look at the workplace context would provide further insight into caregiver relationships among work and other life roles. A work-family interface lens posits that these competing demands are connected, however it is unclear from the findings of this study how they are connected because information concerning the workplace was not available.

Expectations about the other type of work-life conflict examined in this study, caregiver stress and burden, were met. Caregivers who reported being stressed more often were also less satisfied with their work-life balance. While this is a common sense finding, it is an important piece of the work-life balance puzzle for employed caregivers. This result confirms the notion that Canadians who are stressed more often also are less balanced. If governments or firms wish to promote a healthy and productive workforce they should concentrate on alleviating caregiver stress. This requires an understanding of why individuals

are stressed and developing effective supports to help them feel more balanced.

This study also examined the relationship between two types of work-life conflict: stress and burden, and time and scheduling conflict. As with work-life balance, it was posited that being able to mitigate time and scheduling conflict by making adjustments at work would enable caregivers to better juggle their competing demands, thus reducing feelings of stress and burden. However, there was no such relationship for two of the job adjustments, and the opposite relationship was found for the others.

Caregivers who reduced their hours of work or changed their work patterns were stressed more often than those who did not. Interestingly, considerably more women than men made these adjustments, and the impact of these job adjustments on stress and burden was greater for women than men. Even though all caregivers who reduced their hours of work or work patterns because of caregiving were stressed more often than those who did not, women were still at greater risk for this type of work-life conflict.

These findings for caregiver stress and burden contradict our conceptual model and common assumptions found in the literature, raising again questions about what is going on in the workplace. As mentioned earlier, little information about caregivers' work environments was available for this study but there are several possible explanations that may relate to the workplace context. It is unclear what policies, if any, were available to the respondents. To report being stressed when policies are available at work will have different implications than

reporting stress in the absence of formal supports. Workplace policy and other supports are intended to help caregivers cope, so why are they not working? Perhaps conditions that create stress arise irregardless of the presence of employee assistance programs. For example, caregivers who adjust their schedules to meet caregiving demands can meet manager or co-worker disapproval, contributing to stress. It may also be that caregiving is stressful work regardless of one's ability to deal with time and scheduling conflicts by making accommodations in the workplace. For some caregivers, having to alter their routine can negatively affect them because the workplace is a refuge where they can escape their care commitments (Scharlach, 1994). Finally, it should be noted that the cross-sectional data used in this study limits our discussion of causality as we only have data from one point in time. It is possible that it is the stressed caregivers who are using these job adjustment opportunities. It is unclear which of these possible explanations, if any, clarify the finding that employed caregivers who reduce their work hours or change their work patterns are stressed more often. Further investigation is warranted.

Despite the unexpected finding regarding the relationships among job adjustments and work-life balance, the relationships among work-life balance and both work-life conflict constructs taken together are intriguing. Attempting to juggle paid employment and caregiving can result in work-life conflict. Dealing with time and scheduling conflicts by making workplace adjustments such as changing hours worked and work patterns did not enhance satisfaction with work-life balance. Rather, making these adjustments was associated with being

stressed and burdened more often, and caregiver stress and burden was, in turn, negatively associated with work-life balance. That is, reducing work hours or changing work patterns may be *indirectly* related to lower levels of satisfaction with work-life balance via their relationship with stress and burden. These findings suggest that time and scheduling conflict is indeed a form of work-life conflict but that its relationship with the construct of work-life balance is different than that depicted in the conceptual model. The policy implications regarding these findings are discussed later.

**Risk Factors and Influential Characteristics**

Initially, it is important to note the prevalence of unpaid care provision in Canada, and recognize who is providing care. The sample used in this study represented more than 1.43 million Canadian employed caregivers 45 years of age or older, who assisted at least one older adult with long-term health problems in 2002. This is an increase from the estimated 1.2 million employed eldercare providers in Canada in 1996 (Keating et al., 1999). Further, our estimate of the prevalence of eldercare in Canada in 2002 is likely an underestimation because the mean age of employed caregivers in Canada was very close to 45 years in 1996 (Keating et al., 1999), and employed caregivers less than 45 years of age are not accounted for in this study. It is reasonable to expect a greater proportion of these omitted, younger caregivers will have young children at home, putting them at further risk of work-life conflict.

On average, employed Canadian caregivers were satisfied with their work-life balance, and did not report being stressed very often because of their

caregiving demands. Minimal gender differences in reported satisfaction with work-life balance were found, supporting similar results from US studies (Milkie & Peltola, 1999). The mean stress and burden score for all respondents was less than 2, where a score of zero is 'never stressed', and a score of ten indicates they are 'always stressed'. However, interpreting mean scores with a sample that represents over 1.4 million Canadians can be misleading. When speaking about such a large number of employed Canadian caregivers, some are inevitably going to be worse off than others. In fact, over twelve percent of caregivers were stressed fairly often because of caregiving demands while almost one third of caregivers report reacting to time and scheduling conflict by making adjustments to their paid work. This work sheds light upon those living at the margins, at risk of work-life conflict, and highlights the factors associated with their conflict. Much work needs to be done to develop effective support mechanisms that can help the most at-risk among coming generations of employed caregivers.

Several characteristics used in this study were associated with a higher risk of experiencing negative caregiver outcomes. In the context of paid employment and caregiving, it was argued that higher income caregivers would be at greater risk of work-life conflict and work-life imbalance. Caregiving demands can also affect caregivers' ability to meet the high level of employment obligations and commitments associated with high paying work, and create additional conflict on the job. There also may be negative feelings associated with the loss of resources due to missing work to provide eldercare.

This was expected to be especially salient for men, consistent with the male breadwinner stereotype. However, men who earned higher incomes reported being more satisfied with their work-life balance than low income men caregivers, opposite to the expected finding. Perhaps having a higher level of income allows men caregivers to substitute paid help for their own care work, thus allowing them to meet both caregiving and employments demands and increasing their satisfaction with their work-life balance. Alternatively, it may be that high income men caregivers are meeting the expectations associated with their acceptance of the breadwinner ideal. Being both the breadwinner and providing eldercare may combine to provide them with feelings of satisfaction with work-life balance.

In this study, high income women were stressed more often than low income women caregivers. It seems that the high level of employment obligations and commitment associated with high paying work is associated with work-life conflict for women, not men, as expected. This finding contradicts Williams et al. (2003) who found low income caregivers to be more challenged, distressed, and less in control of their situation than higher income caregivers. It is possible that this result for women reflects a combination of their high level of commitment to work (as suggested for men) with their history of providing more care, and more intensive care, then men. In addition, it may be less acceptable for these high income women to purchase paid care help because of their assumed natural nurturing ability.

The geographic distance between the caregiver and care receiver is another important characteristic in the context of caregiving. Caregivers who resided with the care recipient were stressed and burdened more often than those who did not. This finding is consistent with prior research that found co-residency is positively related to employee stress (Joseph & Hallman, 1998; Gottlieb et al., 1994). Since more women than men lived with one or more of their care recipients, they are placed at even higher risk of experiencing stress and burden as a result of combining their care and work roles. However, the added result that men caring for an elder living nearby, not only in the same household, reported being stressed more often than others may suggest that they struggle more than women with their caregiving role, proximate or not. Further, men who co-resided with the care recipient also reported changing their hours of work, similar to past findings by Covinsky and colleagues (2001). This relationship was not found for women and might be another indication that men appear to 'struggle to juggle' more than women when caregiving demands are in-house. Caregiving may be a role with which men are less familiar and comfortable, than women.

Providing personal care also can put caregivers at risk of work-life conflict. This care type is very demanding because it includes tasks such as bathing, feeding, and toileting. It was argued that as the amount of personal care provided increases, the likelihood of time and scheduling conflict would rise. In part, this was supported. Caregivers who reported providing more personal care also were more likely to report changing their hours of work and

changing their work patterns. Women who provided personal care also were more likely to quit their jobs. Past research has shown Canadian men, not women, to be more likely to report job adjustments if they provide personal care (Keating et al., 1999). Because more women provide personal care than men, and because women spend more time providing personal care than men, providing personal care increases the risk of experiencing work-life conflict more for employed women caregivers than for their male counterparts. However, personal care is demanding so it is not surprising that employed caregivers of both sexes made accommodations at work when they provided more personal care.

Providing personal care also is be related to caregiver stress and burden. Watching a loved one struggle with a high level of frailty or providing personal care for a parent who once cared for you can be emotionally charged experiences. In this study, women caregivers reported being stressed more often when they provided more personal care. These results may be related to the fact that women, often assumed to be natural nurturers, provide more personal care than men (Keating et al., 1999; Martin-Matthews & Rosenthal, 1996) and are therefore more stressed. This assumed nurturing role also may be an important reason why women who provided personal care reported quitting their jobs. Women may feel the need to meet gender role stereotype expectations and sacrifice their work for care. Past findings highlight that women caregivers are more likely than men caregivers to make sacrifices at work (Mature Market Institute, 1999; Keating et al., 1999; Navaie-Waliser et al.,

2002; Neal et al., 1997; NACA & AARP, 1997). None the less, juggling intensive personal care and paid employment can be too much to handle.

The relationship between the caregiver and care recipient has been shown to be associated with negative caregiver outcomes in past research (Neal et al., 1999). This higher risk of work-life conflict is said to be a function of the emotional bonds associated with close kinship ties. Thus, in this study it was expected that caring for close kin, or immediate family, would be associated with stress and burden, and time and scheduling conflict. In fact, women who cared for close kin also were more likely to report changing their work patterns, and women and men caring for close kin were more likely to reducetheir work hours because of caregiving demands. The observations that more women care for family members, while more men care for friends and neighbours, remind us once again that women are at greater risk for work-life conflict than men.

There was no association between caring for close kin and stress and burden for men or women. However, interesting results emerged from the non-kin variable. When providing care to a friend or neighbour, caregivers reported being stressed and burdened less often, and were less likely to report changing their hours of work. In addition, women caregivers were less likely to report changing their work patterns when they cared for a friend or neighbour. This is important because many Canadian caregivers (24.4%) provided care to older neighbours and friends, yet the effect of caring for these individuals has on caregivers appears to be different than when caring for family members

(immediate or not). Caring for a neighbour and/or friend seems to reduce the risk of both types of work-life conflict for employed women and men caregivers. In this study it is unclear if the quality or quantity of care provided is different for family and friends but past research has indicated that friends receive different types of care than family (Keating et al., 1999).

As shown with caring for a non-kin care recipient, not all of the characteristics in this study are negatively related to caregiver outcomes. Marital status appears to buffer the stress and burden associated with caregiving, but for men only. Men who were married or living common-law reported being more satisfied with their work-life balance, stressed less often, and less likely to decline a promotion than those who were not married. This consistent finding for men highlights the role of wives as a resource[1] to their husbands. Or it may be thought of as indicating another hidden caring role that women perform. This is not an uncommon role as more men (83.8%) than women (73.5%) caregivers in this study were married. While prior research in this area has produced conflicting results regarding marital status, these findings support the notion that wives help husbands meet conflicting role demands (Boaz & Muller, 1991; Brody et al., 1992), contradicting prior evidence suggesting that marital status does not buffer distress resulting from combining employment and caregiving responsibilities for men (Voydanoff & Donnelly, 1999). The actual amount and type of support men caregivers received from their partners in this study is unknown. More detailed information on caregivers' partners' activities could allow future research to probe intra-household

negotiation of care responsibilities and help us understand how wives help their spouses. Recent caregiving research also has indicated that eldercare may be provided by networks of people (Keating et al., 2003). It would be useful to know who else may be involved in the care relationship, how they are involved, and what effect their involvement has on the well-being of the other network members.

The added finding that married men were less likely to decline a promotion than others provides further evidence of the supporting role women play for their employed, caregiving husbands. It also may be a function of gender role stereotypes. Men may put employment before caregiving because of the pressures associated with male breadwinner expectations, and wives support their husbands' role commitments. In addition, if both husband and wife were employed, she may be the one to adjust her work to support her spouse. Past research has shown that women are more likely to make workplace adjustments than men. This information on spousal workplace adjustments was not available for spouses.

Gender was expected to be an especially salient risk factor. Indeed women were at greater risk of, and experienced higher levels of, work-life conflict than men. Women were stressed and burdened more often and reacted to time and scheduling conflict more than men. This is consistent with other findings regarding stress and gender (Gottleib et al., 1994), women's mental health (Roxburgh, 1996), and making adjustments at work (Keating et al., 1999). Results from this study indicate that this difference may be, at least in

part, related to the amount and type of care provided in combination with employment responsibilities. Women may feel overloaded because, while they are fulfilling similar paid work commitments as men, they are simultaneously providing more care than men, and providing more demanding types of care than men caregivers. Or perhaps men and women cope with stress differently. Irregardless, employed women caregivers in Canada are at greater risk of work-life conflict than their male counterparts.

In sum, several characteristics from this study have been shown to represent risk factors with respect to work-life balance and work-life conflict for employed Canadian caregivers, especially women. Income, distance to the care recipient, providing personal care, caring for immediate family members, and being married are all important characteristics that provide insight into the contexts that shape caregivers' experiences.

While few characteristics directly influenced work-life balance measures, indirectly any characteristic that is associated with caregiver stress and burden may influence work-life balance because caregivers who were stressed and burdened more often were less satisfied with their work-life balance.

**Policy Implications**

The pattern of significant findings verifies the difference between work-life conflict constructs and work-life balance for employed women and men caregivers. This is especially interesting for policy makers who are a concerned with maintaining caregiver productivity and well-being. Policies that promote the effective juggling of work and caregiving may help caregivers meet these

competing demands, but how this affects caregiver well-being is unclear. The new Compassionate Care Leave in Canada provides an interesting example. This policy allows those who qualify to receive Employment Insurance (EI) benefits for a period of six weeks. These findings suggest that policies which create flexibility in the workplace may increase caregivers' stress and decrease their sense of work-life balance. However it is possible that the measures used in this study do not represent behaviour resulting from availability of workplace flex policies, and that these caregivers are acting independently. It is logical that caregivers who made adjustments to their work with little of no support from their employers would be more stressed. However, as mentioned earlier, the cross sectional data used in this study limits our interpretation of this result. It may be that the most stressed caregivers are making adjustments at work. Longitudinal data could help with this question.

The demand for family and friend care is forecasted to rise in the future as the population ages. Policy makers who wish to better enable employed Canadians to meet this demand should be sensitive to caregiver well-being. Work-life balance is achieved when individuals are able to successfully combine work and other life commitments. The most common ways caregivers in this study accommodated work and caregiving were to reducetheir hours of work and/or change their work patterns. These adjustments at work were common among caregivers who reported the highest levels of stress and burden. Understanding, in turn, why certain caregivers are stressed frequently seems to be related, at least in part, to understanding the context surrounding caregivers

who reduced their hours of work and work patterns. From this study we do know that caregivers who provided personal care and lived with the care recipient were at higher risk of changing their work hours and/or changing their work patterns. Therefore, helping caregivers provide personal care and provide support in their homes is the key recommendation from this study. Perhaps the availability of home care services can help alleviate some of the pressures associated with the timing of personal care and allow caregivers meet more of their workplace demands, while still maintaining their caring relationships.

The prevalence of caregivers who reported helping friends and neighbours also should be recognized by policy makers. Results form this study indicate that caring for these individuals does not affect caregiver well-being. Perhaps these care relationships involve less intimate relationships, less pressing obligation, and/or less demanding types of care such as household maintenance and transportation. None the less, the demand for this type of care is sure to increase with population aging. Understanding what type of care is involved in these non-family care relationships is important, so these types of community relationships can be fostered. Perhaps community programs that match willing caregivers with the needs of neighbourhood elders can be developed.

**Limitations and Future Research**

One of the biggest strengths of this research is also a limitation: the secondary data and its cross-sectional nature. First, it should again be noted that this sample is extremely well educated and therefore may not be

representative of the Canadian population. None the less, we are provided with a snapshot of the experiences of employed eldercare providers in Canada, but we do not know enough about how their other life roles (especially work), or how their caregiving role may change over time. Because the majority of care relationships have lasted more than two years, it seems reasonable to expect change and the evolution of care roles over time. A better understanding of the workplace and longitudinal data would add to the current research.

Findings from this study are also somewhat limited by the outcome measures used. A single subjective measure of work-life balance is a narrow measure for a very broad construct and it is unclear what this means to different people. Our knowledge of how employed caregivers react to time and scheduling conflict is also confined to the data available. Perhaps there are ways other than changing work patterns, changing work hours, declining a promotion or quitting a job, in which employed caregivers can react to time and scheduling conflict. Possible options include sharing work, working form home and/or taking a leave. In addition, programs, policies and attitudes towards caregiving at work should be investigated for future policy discussions. It is important to know what workplace options are available in different types of firms, and common attitudes surrounding their use. There may be negative feelings from co-workers and management for missing work. Workplace policies are ineffective if they are not adopted by employees in need.

Younger caregivers may have less prestigious careers, young families, care responsibilities and other life commitments. Attempting to balance these

multiple roles can lead to high levels of stress for young eldercare providers (Neal et al., 1993). This study only included caregivers 45 years of age and older, a vulnerable younger age cohort of employed caregivers is absent from this study.

Quitting one's job to provide eldercare may be considered the greatest possible reaction to time and scheduling conflict. Yet, very few caregivers in this study reported quitting their jobs, similar to Penning's findings (1998). This may be due to the fact that many caregivers had already exited the workforce to provide care prior to the survey year, and are not captured in this study. This sample only captures those who quit a job within the last year.

Finally it should be noted that work-life balance concerns the rewards and demands in an individual's total role set. This research focuses on the demands and did not attempt to measure rewards from caregiving. Perhaps the emotional or other rewards associated with caring for a family member of friend can help offset negative caregiver feelings about their work-life conflict and provides insight into their work-life balance.

**Conclusion**

This study provided insight into the intricate relationships among the work-life balance and work-life conflict constructs used in this research. Reacting to time and scheduling conflicts by changing hours worked and work patterns was associated with the prevalence of caregiver stress and burden, and in turn, negatively associated with work-life balance. Future research in this area may wish to further define the similarities and differences among these

constructs in order to better understand the significance of such relationships among outcome measures.

Caregiving remains a gendered experience. While more employed men than employed women reported to providing eldercare in Canada in 2002, it is important to note that women and men provide different types of care, and women continue to provide *more* care than men. In addition, women caregivers reported experiencing all types of work-life conflict more often than men.

Gender, marital status, distance to the care recipient, providing personal care, and caregiver-care receiver relationship ties are other characteristics that helped shape the experiences of employed caregivers in this study. These characteristics describe the role environments and provide insight into care demands. Caregiving will be a unique experience for every individual but such characteristics can help us identify those at risk and develop programs and policies that effectively serve those who need them the most. Increasing numbers of Canadians are providing eldercare and this matter will only grow in significance.

## FOOTNOTE

[1] Very few respondents reported to be same sex couples.

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